AN EXPLORATION OF THE PERCEPTIONS OF PRISON HEALTH CARE PERSONNEL REGARDING THE ACCESSIBILITY OF MENTAL HEALTH SERVICES FOR INMATES IN MASERU PRISON

By

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Declaration

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Abstract

Introduction:

There are about 450 million people globally who have mental illness. About one in nine prisoners globally suffer from common psychiatric conditions such as depression and anxiety. Psychiatric disorders are more prevalent among the prisoners than the general population. Mental health problems are prevalent in low and middle income countries but little attention is given to mental health services in these countries.

The 2013 Global Burden of Disease Study found depression to be the second foremost source of incapacity globally and a main contributor to the burden of suicide and ischaemic heart disease. The high incidences of severe psychiatric disorders in prisons remain a challenge for mental health services. There are over 10 million inmates with mental illness globally. It has been found that a high percentage of the correctional residents have psychiatric disorders, for which there is need for proper care and support. Most of the reported studies were piloted in advanced countries, where mental illness in prison has received greater attention. In Lesotho little is known about the nature and effectiveness of mental health services; no study of this kind has as yet been done specifically in Lesotho with regard to mental illness among inmates in Lesotho prisons.

Aim: The aim of the study was to explore the perceptions of health care personnel regarding the availability of and access to mental health care services for inmates in Maseru Prison.

Methods: A qualitative descriptive design was used in this study. Semi-structured interviews were conducted with nine participants.

Findings: The perception of health care personnel in Maseru Prison was that there are increased numbers of inmates with mental illness in Maseru Prison, but they are undiagnosed and therefore not treated due to lack of knowledge among the present health care personnel. Mental health services are not accessible as there is no psychiatrist, psychologist nor medications to treat mentally ill inmates. Most health care personnel reported that they lacked confidence and competence in assisting mentally ill inmates as they don’t have knowledge concerning mental illness since mental health issues were not covered during their training.

Conclusion: Minimal mental health services are provided at Maseru Prison due to lack of knowledge and unavailability of qualified mental health personnel. It is clear that mental health services in prisons are a global problem, including in Lesotho. It is therefore important that the ministry of Health addresses shortages of mental health care personnel working in Maseru Prison and closes the gap of lack of knowledge concerning mental health services by training the available personnel on psychiatric services.

Key words: Health care personnel, inmate, Lesotho, mental health services, mental illness in prison

Opsomming

Inleiding

Daar is wêreldwyd omtrent 450 miljoen mense wat aan geestesiektes ly. Ten minste een uit nege gevangenes ly aan algemene geestesgesondheidsprobleme soos depressie en angs. Geestesiektes kom oor die algemeen meer onder gevangenes voor as onder die algemene publiek. Daar word nietemin min aandag aan geestesgesondheidsdienste in lae- en middelinkomste lande geskenk.

Die 2013 Globale Siekte-las Studie het bevind dat depressie die tweede belangrikste bron van onkapasiteit globaal is en ‘n hoofbydraer is tot die las van selfdood en iskemiese hartsiektes. Die hoë voorkoms van ernstige geestesiektes (EGS) in gevangenisse bly ‘n uitdaging vir geestesgesondheidsdienste. Daar is wêreldwyd meer as 10 miljoen gevangenes met geestesiektes. Daar is bevind dat ‘n groot persentasie van die gevangene-bevolking geestesgesondheidsprobleme het, waarvoor hulle geskikte sorg en ondersteuning benodig. Die meeste van die gerapporteerde studies is in ontwikkelde lande uitgevoer waar geestesiektes in tronke groter aandag kry. In Lesotho is min inligting beskikbaar aangaande die aard en effektiwiteit van geestesgesondheidsdienste; geen studie van hierdie aard is al spesifiek in Lesotho met betrekking tot geestesiektes onder die gevangenes in Lesotho se tronke uitgevoer nie.

Doel: Die doel van hierdie studie is om die persepsies van gesondheidspersoneel ten opsigte van die beskikbaarheid en toegang tot geestesgesondheidsdienste vir gevangenes in die Maseru gevangenis te ondersoek.

Metodes: ‘n Kwalitatiewe beskrywende studie navorsingsontwerp is in hierdie studie gebruik. Semi-gestruktureerde onderhoude is met nege deelnemers gevoer.

Bevindings: Die persepsies van gesondheidspersoneel in Maseru is dat daar ‘n toenemende aantal gevangenes met geestesgesondheidsiektes in die Maseru gevangenis is, maar wat nie gediagnoseer is en dus onbehandel is, weens ‘n gebrek aan kennis onder die huidige gesondheidspersoneel. Geestesgesondheidsdienste is ontoeganklik, omdat daar geen psigiater, psigoloog en medikasie is om geestesieke gevangenes te behandel nie. Die meeste gesondheidspersoneel het rapporteer dat hulle oor ‘n gebrek aan selfvertroue en vaardigheid beskik om geestesieke

gevangenes te help, want hulle dra geen kennis omtrent geestesiektes nie, omdat hulle nie daarvoor opgelei is nie

Gevolgtrekking: Daar word minimale geestesgesondheidsdienste in die Maseru gevangenis verskaf, weens ‘n gebrek aan kennis en beskikbaarheid van gekwalifiseerde geestesgesondheidspersoneel. Dit is duidelik dat geestesgesondheidsdienste wêreldwyd ‘n probleem is, wat Lesotho insluit. Dit is dus belangrik vir die ministerie van gesondheid om die tekorte aan geestesgesondheidspersoneel wat in Maseru se gevangenisse werk aan te spreek en die gaping van ‘n gebrek aan kennis te vernou, deur die beskikbare personeel aangaande geestesgesondheidskwessies op te lei.

Sleutelwoorde: Gesondheidspersoneel, gevangenes, Lesotho, geestesgesondheidsdienste en geestesiektes in gevangenis

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List of abbreviations

HIV	-Human Immunodeficiency Virus
TB	-Tuberculosis
USA	-United States of America
UNAIDS	- Joint United Nations Programme on HIV and AIDS
UNODC	-United Nations Office on Drugs and Crime
WHO	- World Health Organization
YLDs	-Years living with disability

Chapter One Introduction and Background

1.1 Introduction

The global burden of illness associated with mental illnesses is on the increase, yet these disorders have essentially been absent from the global health agenda (González, Jarraf, Whitfield & Vega, 2010:3). Despite the current worldwide emphasis on mental health, the burden of mental disorders and in particular depression was rated as the third leading cause of the global burden of disease in 2004 and is expected to be the leading cause by 2030 (Pike, Susser, Galea & Pincus, 2011:4). There are about 450 million people globally with mental illness. Mental illness is the second leading cause of death among people aged 10-24 years, and about 90% of individuals who die by suicide experience mental illness. The global annual rate of visits to mental health outpatient facilities is 1051 per 100 000 population, in Africa the rate is 14 per 100 000 but the number of those in need of mental health services who go untreated is estimated to be 98.8% (Sankoh, Sevalie & Weston 2018). Cortina, Sodha, Fazel, and Ramchandani (2012: 276) reported that mental illness in African countries accounts for 10% of the total burden of disease.

"In 2010 10 % of the global burden of disease was mental, neurological, and substance use disorders, yet funds allocated to mental health services on average were less than 1% of national health budgets in Africa and South East Asia" (Jack *et al.,* 2014:1). Mental illness is often associated with several other health conditions and is amongst the most expensive medical conditions to manage. Even though the rates of mental illness seem to be high in African countries, mental health issues are not considered to be responsive to defined and readily implementable solutions by policy makers. (Jenkins *et al.,* 2010:231). The increase in mental illness is associated with many factors, including the failure to improve treatment, care and rehabilitation, and, above all, the shortage of, or poor access to, mental health services in many countries (WHO, 2005: 1).

These conditions are more widespread in the prison population (World Health Organization (WHO), 2005:1). There are over 10 million inmates worldwide with mental illness (Naidoo & Mkize, 2012:30; Fazel, Hayes, Bartellas, Clerici & Trestman, 2016:871). It has been found that a high percentage of prison inmates have mental

illness, for which they require proper care and support (Naidoo & Mkize, 2012:30). In a review article Fazel and Danesh (2002:406) reported that most studies on mental disorders in inmates have been conducted in Western countries, and these indicated that among male inmates 3.7% had a psychotic disorder, 10% had major depression, and 65% had personality disorders. Even though there are high rates of mentally ill inmates, prisons are not the right place for many people requiring mental health services, as the criminal justice system emphasizes deterrence and reprimand rather than treatment and care (WHO, 2005:3).

In Lesotho little is known about the nature and effectiveness of mental health services; there is no published study that has been reported with regard to mental illness among inmates in Lesotho prisons.

1.2 **Background**

The number of people with mental illness in prisons has risen to unprecedented levels (Prins & Draper, 2009:1). In England and Wales more than 90% of inmates were found to have mental illness (Ginn, 2012:26; Mweene & Siziya, 2016:105). Mentally ill inmates in France are imprisoned with the impression that they'll be cared for; however, research by Human Rights Watch (2016) established that mental health services are not adequate in prison. People with mental illness often do not obtain the care they required in prison, leading to further declining of their psychiatric conditions (Human Rights Watch, 2016:15). A Zambian study also stated that the burden of mental health problems in Zambian medium security prisons is as high as 63% (Mweene & Siziya, 2016:105).

Prevalence rates for mental illness are higher among inmates than the general population (Mweene & Sisiya, 2016:105). The number of people in prison globally is progressively on the increase. Indeed, successive editions of the World Prison Population list, which is based on between 214 and 218 countries, have reported that the number of inmates with mental illness globally has increased from over 9.25 million in 2006, through to over 9.8 million in 2008 and lately to over 10.1 million in 2011 (Armour, 2012:887). In France in 2003 and 2004 it was found eight in ten prison inmates had at least one psychiatric condition and among ten women over seven had psychiatric condition (Human Rights Watch, 2016:15). Women are a small minority of

the global prison population, however, prisons in sub Saharan Africa have seen an increase in women prisoners of 22% in recent years (van Hout & Mhlanga-Gunda, 2018:2). Women prisoners have been reported to have compromised access to health care, despite their unique prison health care needs (van Hout & Mhlanga-Gunda, 2018:1), and are at extreme risk of physical and sexual abuse, thus making them vulnerable to mental health disorders.

Security personnel come into contact with large numbers of inmates with mental illnesses (Prins & Draper, 2009:1). The disorders most prevalent in prisons worldwide are schizophrenia, mood disorders, anxiety disorders and personality disorders (González *et al*., 2010:1043). From the 1990s studies conducted in prison populations globally have reported that there is a 4- to 6-fold greater possibility of prison inmates having psychosis or major depression than in the overall residents, and about 10 times higher possibility that inmates will be identified with antisocial personality disorder (Fazel & Danesh, 2002; Vincens *et al*., 2011:322). The increased incidences of severe mental illness in prisons remain a challenge for mental health services. Numerous inmates with severe mental illness do not obtain care. Assessment tools have been developed, but better case identification has not improved rates of management (Pillai *et al.,* 2016:1*).*

In the United States of America (USA) in 2012 there were around 35,000 people with mental illness in government psychiatric hospitals and the number of psychologically distressed people in prisons was 10 times the number in state hospitals (Torrey *et al.,* 2014:4). A study published in Maryland and New York in 2009 reported that 16.7% of the inmates had signs of a severe psychiatric disorder (schizophrenia, schizo-affective disorder, bipolar disorder, major depression, brief psychotic disorder (Torrey *et al.,* 2014:8). In the same study it was also found that in 44 of the 50 states in the District of Columbia, as well as 10 state prisons and two county jails in Ohio, held many psychologically distressed inmates than the psychiatric hospitals did (Torrey *et al.,* 2014:45). However, according to Naidoo and Mkize (2012:30) prison health care personnel worldwide lack the adequate knowledge to detect or diagnose mental illness. Forsythe and Gaffney (2012:1) noted an international trend that poor mental health is more prevalent amongst inmates than in the general population, but mental health services seems to be lacking in prisons.

Despite the reported high rates of mental illness in Africa, there is a dearth of published studies on mental illness in prison inmates in African countries (Adjorlolo, Nasiru, Chan & Bambi, 2018:632). In Ghana, Adjorlolo and colleagues (2018:632) reported increased numbers of people with mental illness who recycle between home and prison. Naidoo and Mkize (2012:30) reported that in Durban, South Africa, mental health services in prison are inadequate, leading to increased numbers of inmates with mental illness (Naidoo & Mkize 2012:30). Orlando, Emsley, Nagdee and Erlacher (2016), reported that in the Eastern Cape, in South Africa there were 45 prisons, of which none were providing in house mental health services.

1.3. Rationale for the study

According to the literature the prevalence of population with mental disorders in prisons has risen to unprecedented levels (Adjorlo et al. 2018;632 Naidoo & Mkize, 2012:30; González *et al.*, 2010:1043; Prins & Draper, 2009:1), and they need treatment and support. Most of the described studies were piloted in developed countries, where mental illness in prison has received greater attention (Torrey *et al,* 2014:3; Laroi *et al.,* 2012:2; Brundtland, 2001). No published study was found on the perceptions of health care personnel regarding the availability of and access to mental health care services for inmates in Lesotho. This study will therefore add to the body of knowledge about prison mental health services in Lesotho.

1.4. Problem statement

Naidoo and Mkize (2012:30-31) found that prison health care personnel in South Africa had inadequate knowledge to diagnose inmates with mental illness and lacked the knowledge required to refer them for further management. These authors recommended that there is a global need for guidance on how prison mental health services should function (Naidoo & Mkize, 2012). There is absence of information on mental health services in prison in African countries however in South Africa which Lesotho is within its boundaries there are about few studies conducted on mental health services in prison (Orlando *et al.,* 2016). All the studies confirmed that there is absence of or lack of mental health services in most prisons in South Africa (Naidoo & Mkize, 2012:30; Orlando *et al.,* 2016). Little is known about the mental health

services provided in Maseru Prison in Lesotho, the accessibility of such services or the barriers to access, or the perceptions of prison health personnel about services available for inmates in this prison.

1.5. Research question

The research question examined by this study is as follows:

What are the perceptions of prison health personnel regarding the availability of and access to mental health care services for inmates in Maseru prison?

1.6. Aim

The aim of this study was to explore the perceptions of prison health personnel regarding the availability of and access to mental health care services for inmates in Maseru prison.

1.7. Objectives

1.7.1. To explore and describe the perceptions of the health personnel at Maseru prison about current mental health facilities in the prison

1.7.2 To explore and describe the perceptions of the health personnel at Maseru Prison about the availability of and accessibility of mental health services for inmates in that prison.

1.8. Theoretical framework: The theory of Hildegard E. Peplau

George (2014:79) reports that Peplau believed that health care personnel have learned their perceptions from the dissimilar situations, mores, customs and beliefs of their distinct cultures (Figure 1). It is also said that each person comes with prejudiced thoughts that influence perception, and that it is these differences in perception that are so significant in the interpersonal process. This theory links to this study because the researcher explores the perceptions of health care personnel concerning the accessibility of mental health services for inmates. In the literature the perceptions of health personnel concerning accessibility of mental health services are believed to be

influenced by the environment and beliefs of that individual culture. Most barriers to accessing mental health services are influenced by the prison environment and the beliefs of the personnel in prison (Crampton & Turner, 2014:188). Peplau also stated that perceptions vary with time, place and experience. The experiences of the personnel in prison may also influence the accessibility of mental health services (Peplau, cited by George, 2014:79).

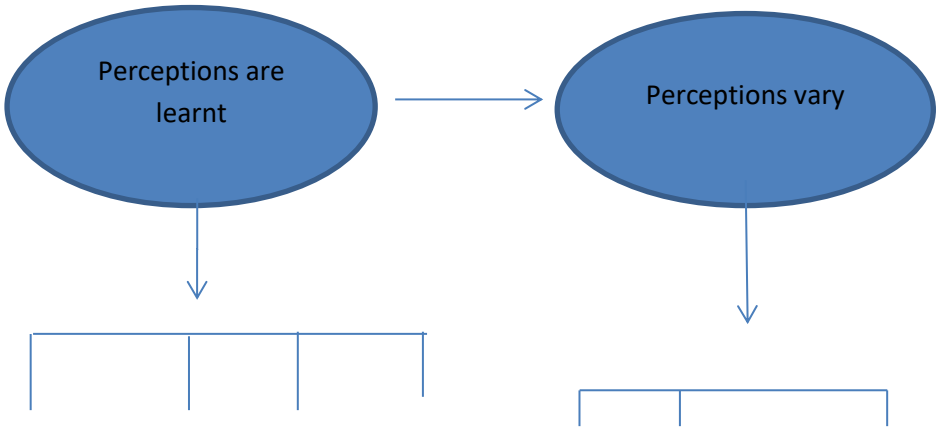


Figure 1: Theoretical framework of Hildegard E. Peplau (George, 2014:79).

1.9. Research paradigm

A paradigm, as viewed by Botma, Greef, Mulaudzi and Wright (2010:40), is the belief or viewpoint that guides the researcher in what is to be studied, how to ask questions and which rules determine the interpretation of the answers obtained. Research paradigms are based on three philosophical assumptions: ontology, epistemology and methodology, which refer to who the researcher is, what the researcher knows and what the researcher does (Botma *et al.*, 2010:40). This research is grounded in the qualitative research paradigm. The researcher believes that what people think, feel and see is important and must be taken seriously because people experience reality differently. Epistemology is the science of knowing. It is about how knowledge is constructed or formatted and it deals with questions of how the researcher will understand the manner in which people behave (Botma *et al.*, 2010:40; Terre Blanche

& Durrheim, 2006:6). The researcher aims to contribute to the body of knowledge through exploration of the perceptions of prison health care personnel about the accessibility of mental health services in Maseru Prison.

1.10. Research design

The study utilised a qualitative exploratory design. Qualitative research is an empirical inquiry that investigates a contemporary phenomenon within a real-life context using multiple data collection strategies such as semi-structured interviews, focus group interviews and/or observations (Cohen, Manion & Morrison, 2007:17).

1.10.1. Study setting

This study was conducted in Maseru prison in Lesotho. Maseru is the capital and largest city of Lesotho.

1.10.2. Population

The population in this study was all the health personnel working in Maseru prison.

1.10.2.1. Sample size and sampling

Qualitative research is characterised by smaller, purposively selected samples. In the present study all the personnel who met the inclusion criteria were included, as this was a limited number of eleven. Details of the sampling are provided in chapter 3.

1.10.3. Data collection tool

The researcher used individual semi-structured interviews conducted by the researcher, which followed a pre-constructed interview schedule.

1.10.4. Pilot interview

Using the semi-structured interview schedule, the suitability of the interview guide was determined by conducting one interview.

1.10.5. Data analysis

The analysis of data was done using the thematic content analysis method (Polit & Beck, 2012:564). Botma et al. (2010:222) describe this method of data analysis as a way of analysing data by classifying them into categories on the basis of themes, concepts or similar characteristics.

1.11. Ethical considerations

Ethical approval for the study was obtained from the Faculty of Medicine and Health Sciences Research Ethics committee (Department of Health, 2015:16) (Appendix B).

1.11.1 Informed consent and the right to privacy

Participants were provided with an information sheet providing relevant details with respect to the aim of the study and how respondents might elect to either participate and/or exercise their right to withdraw from the study (Department of Health, 2015:16). The participants' personal information was treated as confidential.

1.11.2. Autonomy

The questions were phrased in such a way that they do not belittle the integrity of the participant (Orb, Eisenhauer & Wynaden, 2001:95; World Medical Association, 2013:2194) (Appendix F).

1.11.3. Risks and benefits

The benefits of this study are that the results may be used to plan and implement suitable programmes of care which may in turn reduce stress to mentally ill inmates (World Medical Association, 2013:2192; Hewitt, 2007:1155).

1.11.4. Social value

This study is pertinent and responsive to the needs of the people of Lesotho. The study explained the anticipated contribution to knowledge generation and, ideally, how the results would be interpreted into interventions, processes or services likely to develop living standards and the well-being of prisoners in Lesotho (Department of Health, 2015:15-16). The findings will provide information which may be used to design and implement training programmes for prison health personnel, thus enhancing mental health care for inmates.

1.12. Operational definitions

For the purpose of this study the following terms are defined:

- Health care personnel are people who have special education in health care and directly provide the health services. Health care personnel can be people who provide health services regardless of whether they are paid or not paid (Saban *et al.*, 2014:1).
- An inmate is a person who is confined to a prison (Kjelsberg, Skoglund & Rustad, and 2007:24). This study uses the term inmates when referring to persons sentenced or awaiting trial in the Maseru prison.
- Mental health services entails conducting of a psychiatric assessment, diagnosing offering treatment or counselling in a professional relationship to assist an individual or group in lessening mental or emotional illness, symptoms, conditions or disorders (Saban *et al.*, 2014:1). In this study this refers to the services offered to prison inmates in the Maseru prison
- Prison is a place in which inmates are forced to stay and deprived of a range of freedoms under the authority of the state as a form of punishment after being found guilty of committing crime (Kjelsberg *et al.*, 2007:24). This term is used as given for this study.

1.13. Significance of the study

The findings of this study may provide information which may be used to inform the provision of mental health services for inmates in Maseru prison and thus contribute to their overall mental health.

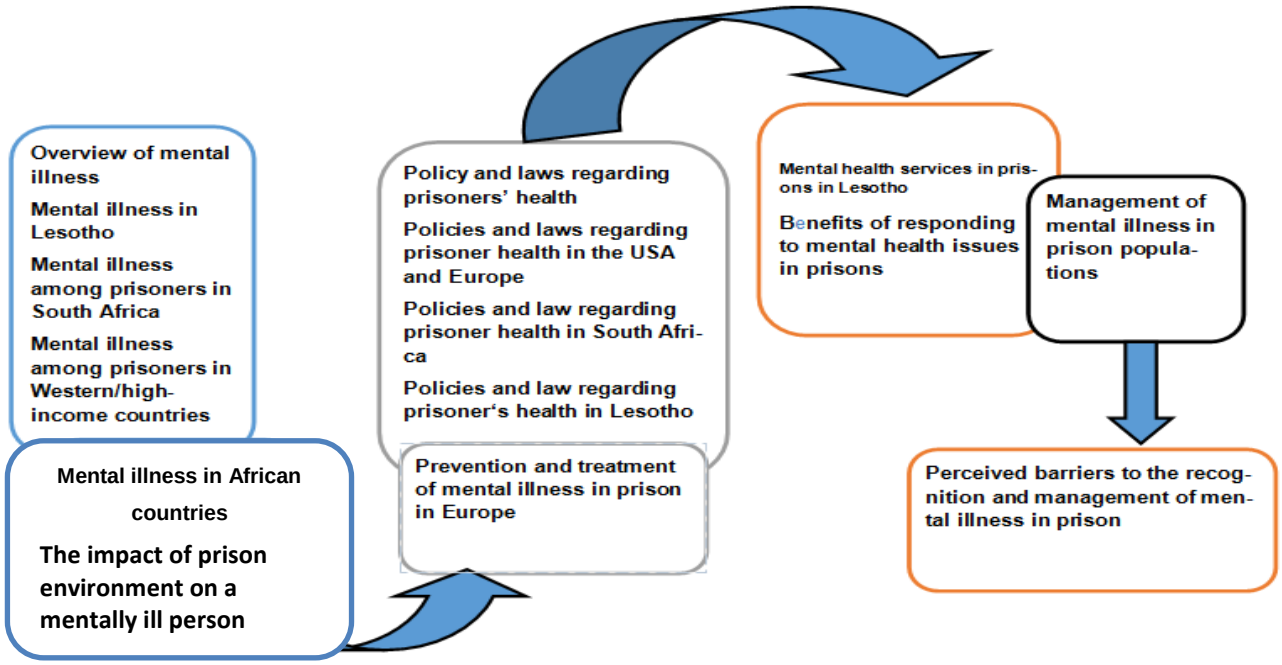
1.14. Summary

In this chapter the researcher has provided an overview of the background to the study, the research problem, and research questions. The aim, objectives and an overview of the research design have been presented. Chapter two presents the literature review, and in chapter three a detailed description of the research design and methodology, including data analysis is provided. Chapter four reports on the findings and in chapter five the conclusions, recommendations and limitations of the study are discussed.

Chapter Two Review of the Literature

2.1. Introduction

This chapter presents the review of the literature pertaining to this study. The aim of a literature review is to classify research findings in the perspective of what is already known, and enlighten the reader as to how the study findings link to existing knowledge about the phenomenon being studied (Botma *et al*., 2010:63-64). The literature review provides the background and context for the study, and formed the basis for the development of the semi-structured interview guide. The literature review is presented in themes: an overview of mental illness, mental illness in Lesotho, mental illness among inmates in South Africa, mental illness among inmates in Western/high-income countries, management of mental illness in prison populations, the impact of prison environment on a mentally ill person, policy and laws regarding prisoners' health, prevention and treatment of mental illness in prison in Europe, mental health services in prisons in Lesotho, the benefits of responding to mental health issues in prisons and perceived barriers to the recognition and management of mental illness in prison. Figure 2 presents an outline of the themes discussed in this review.



2.2. Literature search strategy

Literature consulted during this study included international and national policy documents, academic dissertations, textbooks and journals. The following electronic databases and search engines were used: PubMed, Medline, and Google Scholar, as well as national, regional and international organisation websites (for example, UNAIDS and WHO). Searches were limited within the period 2001-2018.

2.3. Overview of mental illness

Mental illness is an overarching term and that includes minor conditions, such as anxiety or depression, as well as more complex conditions, including bipolar disorder and schizophrenia (Videbeck, 2011:251-281).

The global burden of disease associated with mental illnesses is on the increase, yet these disorders have essentially been absent from the global health agenda (Gonzalez *et al.*, 2010:3). In spite of the current worldwide emphasis on mental health, the burden of mental disorders, particularly depression, was rated as the third leading cause of the global burden of disease in 2004 and is expected to be in first place by 2030 (Pike *et al*., 2011:4).

The 2010 Global Burden of Disease Study found depression to be the second foremost source of incapacity globally and a main contributor to the burden of suicide and ischaemic heart disease (Whiteford *et al.,* 2013:1578) however according to Blitz, Wolff and Paap (2006:356) mental health disorders are most ignored conditions globally. In 2010 mental health and behavioural problems (e.g. depression, anxiety and drug use) were stated to be the principal causes of ill health globally, producing over 40 million years of incapacity in 20- to 29-year-olds (Whiteford *et al.,* 2013:1578). The disorders that are most prevalent in prisons worldwide are schizophrenia, mood disorders, anxiety disorders, and personality disorder (González *et al.*, 2010:3).

A worldwide increase in the population and ageing will impact the burden of mental illness and substance use disorders, with a probable increase of 130% in sub-Saharan Africa by 2050, to 45 million years of living with disability (YLDs) (Charlson, Diminic & Whiteford, 2015:10). As a result, mental health services need to be increased and modified (Charlson *et al*., 2015:10). The increase in mental and substance use disorders by 2050 is likely to significantly affect health and productivity

in sub-Saharan Africa (Charlson *et al*., 2015:10). It is now estimated that 350 million people globally are affected by depression (Charlson *et al.,* 2015:10).

2.3.1. Mental illness in African countries

"In 2010 10 % of the global burden of disease was mental, neurological, and substance use disorders, yet funds allocated to mental health services on average were less than 1% of national health budgets in Africa and South East Asia (Jack *et al.,* 2014)". According to the study done by Cortina *et al*. (2012: 276) mental illness in African countries accounts for 10% of the total burden of disease and is also associated with several other health conditions and is amongst the most expensive medical conditions to manage. Sankoh *et al*. (2018) reported in a Lancet editorial that "a search for "mental health disorders in Africa produced just 16 items. This weakness reflects a dearth of research into mental health problems in the region". Despite the apparent need in African countries, mental health issues are not considered significant enough for adequate response and implementable solutions. Emphasis appears still to be on policies for diseases such as HIV and malaria, for which budgets can be simply estimated and where the value thereof is evident; as a result, mental health services seem to be lacking in African countries (Jenkins *et al.,* 2010:231).

In South Africa, as in many low- or middle-income countries, the burden of mental disorders has increased over the past 20 years (1990-2010). This increase in mental disorders is expected to continue, in part because of the shift in epidemics from communicable to non-communicable diseases, HIV, and other chronic health conditions (Jack *et al.*, 2014:1). The lack of research into mental illness in the African region has included the topic of mental illness in prison inmates. Other than in South Africa, one study was found on mental health services or mental illness in prisons.

2.3.2. Mental illness in Lesotho

Lesotho has a population of 2,109 million people (South African HIV Clinicians Society, 2014:5). There are no statistics for mental illness in Lesotho. The rise in HIV infection in Lesotho has meant that this has been the focus of health interventions as a national crisis. The country has the second highest HIV prevalence rate (in adults), at 23% in 2013, after Swaziland with a prevalence rate of 27.4% in 2013. The country is one of nine others that still have adult prevalence rates of more than 10% (Ki-moon, 2014:26-30). The increase in mental illness threatens the economy of the country by depleting it of able-bodied workforce members by rendering them unemployable, mainly due to the stigma attached to it (Ki-moon, 2014:26-30).

In a study conducted in Lesotho by Hollifield and his colleagues in 1990, adults in one village were interrogated to assess the incidence of major depression, panic disorder, and generalised anxiety disorder. The prevalence data were compared with data from a large epidemiological study in the USA using a similar research instrument. There was a meaningfully higher prevalence of all three diagnoses in Lesotho as compared with the USA. As in the USA, women showed a high prevalence of these disorders. Most participants (77%) had experienced panic attacks (Hollifield, Katon, Spain & Pule, 1990:344).

2.3.3. Mental illness among prison inmates in South Africa

Naidoo and Mkize (2012:30) stated that there is a greater predominance of mental illness among inmates in prison institutions in Durban, South Africa. The same study undertaken in Durban, South Africa confirmed increased numbers of mental illness identified in inmates; 55.4% of inmates had a recurrent psychiatric disorder, that includes substance and alcohol use disorders. A large number (46.1%) had developed psychiatric disorders or had pre-existing disorders such as antisocial personality disorder, and almost 89% with a psychotic disorder in prison were not diagnosed or treated in prison (Naidoo & Mkize 2012:33). Even though there are high rates of mentally ill inmates, prisons are the wrong place for many people in need of mental health services, as the criminal justice system emphasizes deterrence and punishment rather than treatment and care (WHO, 2005:3).

In South African correctional centres in 2012 there were 1 869 mentally ill inmates at the end of 2012 (Prinsloo & Hesselink, 2014:445). More than 90 persons with mental

illness were reported to be housed in correctional settings in the Eastern Cape in South Africa instead of in psychiatric hospitals (Furlong, 2018). The Mental Health Act No. 17 of 2002 (Republic of South Africa, 2002) states that they are state patients – persons who are found to be unhealthy and not competent to stand trial or found not guilty because of their illness or mental defect. The behaviour is practised despite courts ordering that these inmates should be retained in psychiatric hospitals. A recent application submitted in January 2018 in the Port Elizabeth High Court in South Africa hopes to change the situation (Furlong, 2018). At present the correctional centres in the Eastern Cape do not have mental health services (Furlong, 2018).

There are only 22 psychologists in all the correctional centres in South Africa. None of the correctional centres have a psychiatric unit. The consequence of this is that there is a high prevalence of mentally ill persons who are imprisoned due to the absence of initial assessments, which could be changed by the use of proper screening of new inmates upon prison entry. A routine screening for mental illness is important for delivering quality services and promoting safety within correctional centres. Inmates at risk of suicide can be recognised with proper screening and should be housed separately from the overall prison population (Furlong, 2018).

2.3.4. Mental illness among inmates in Western/high-income countries

Many prison inmates suffer from mental disorders. Thigpen, Solomon, Keiser Chief and Ortiz (2004:2) found that the overall rate for inmates having any type of mental illness ranged from 55% to 80%. The authors reviewed several studies and found that rates of psychosis were much higher in correctional settings (Fazel & Danesh, 2002:35; Pillai *et al.,* 2016:1). Most of the systematic reviews on mental disorders in prison inhabitants were conducted in Western countries, and these have reported that, in male inmates, 3.7% had psychotic disorder, 10% bipolar mood disorder, and 65% a personality disorder, including 47% with antisocial personality disorder. Among the female inmates 4% had psychosis, 12% major depression, and 42% a personality disorder (Fazel & Danesh, 2002:406).

In the USA from 1770 to 1820 mentally ill people were usually restrained in prisons and jails. From 1970 to date such persons are now managed in hospitals, because such practices are considered inhumane and problematic (Torrey *et al*., 2014:6).

According to Fazel and Danesh (2002:406) the hospitals in New York were substituted by the state's jails and prisons from 1770 to 1820 as the focal services area for mentally ill persons. This led to augmented health care expenses, staff expenditure, and a shortage of trained health care personnel to practice in jails as well as a shortage of visionary correctional leadership. Prison staff in general lacks adequate training to recognise inmates with mental illness or the knowledge to refer them for further assessment and management (Naidoo & Mkize, 2012: 30; Völlom & Dolan, 2009:741).

The number of inmates with severe psychological disorders in the USA in 2012 was approximately 356,268. There were also around 35,000 patients with serious mental illness in state mental health institutions. Thus, the number of psychologically ill people in prisons and jails was 10 times the number in psychiatric hospitals but the mental health services seem inadequate. In 44 of the 50 states and in the District of Columbia most psychiatric patients are found in prisons rather than in mental health institutions. For example, in Ohio 10 state prisons and two county jails each held more psychologically ill inmates than psychiatric hospitals (Torrey *et al*., 2014:45). A study in Maryland and New York in 2009 reported that 16.7% of the inmates had signs of a severe psychiatric disorder (schizophrenia, schizo-affective, bipolar disorder, major depression, brief psychotic disorder) (Torrey *et al*., 2014:8).

In England the number of people in prison who commit suicide has increased ominously in the previous five years, signifying that mental health services in prison have deteriorated (Morse, 2017:5). The incidence of inmates who injured themselves increased by 73% between 2012 and 2016 (Morse, 2017:5). In 2016 in England there were 40,161 instances of inmates who injured themselves in prisons, the equivalent of almost one incident for every two inmates (although some prisoners will self-harm multiple times). There were 120 deaths of people who committed suicide in prisons in 2016, almost twice the number in 2012, and this number was the highest on record. In 2016 the Prisons and Probation Ombudsman found that 70% of the inmates who committed suicide in the years 2012 and 2014 were diagnosed with mental illness. In February 2017 the Royal College of Psychiatrists indicated that the increased number of deaths in prison indicate the mental health services are not responding to the needs of mentally ill inmates (Morse, 2017:5).

2.4. Management of mental illness in prison populations

The increased incidence of mental illness in prison indicates there is need for proper mental health services in prison, as the number of people in prisons with mental illness has risen to unprecedented levels. In France in 2003 and 2004 it was found that eight in ten male inmates had at least one mental condition and seven in ten women had at least one mental disorder (Human Rights Watch, 2016:15). The same study found that, before their imprisonment, four out of ten female inmates were seen by the specialist in psychiatric for a psychiatric reasons, the same rate as men. Human Rights Watch also reported that 11% of the men and a quarter of the women interviewed had been admitted in hospital for mental health problems at least once prior to their imprisonment (Human Rights Watch, 2016:15). It is therefore clear that prison security personnel come into contact with large numbers of persons with mental illnesses (Prins & Draper 2009:1; Lennox *et al.,* 2012:67; Brooker, Sirdifield, Blizard, Denney & Pluck, 2012:522).

Knowledge of the prevalence of mental illness in prisons is essential for the designing of effective mental health services (Vincens *et al.,* 2011:322). Studies conducted worldwide since the 1990s have established that inmates have a four- to six-fold higher probability of having a psychotic disorder or severe depression than the general population, and around 10 times greater possibility of having antisocial personality disorder (Fazel & Danesh, 2002:239). Imprisoned persons have a high prevalence of psychiatric conditions, as high as 64%, compared to 21% to 26% for the general population (Floyd, Scheyett & Vaughn, 2009:55). Social problems such as unemployment, abuse of drugs or trauma are more common among the inmates and incarceration can trigger mental illness.

It is difficult for inmates to manage their mental health because their daily activities are controlled by the prison. Many prison inmates are recidivists, and the regular movement between prison and home makes the delivery of mental health services more challenging. Inmates whose psychiatric conditions are not treated are more likely to commit crime several times (Morse, 2017:5). People with mental illnesses are often imprisoned for misconduct related to their mental illness. Prisons are not a good setting for inmates with mental illness as they are often discriminated against (Floyd *et al.*, 2009:57).

2.5. The impact of the prison environment on a mentally ill person

Mentally ill inmates are imprisoned for longer times than other inmates, as it is very hard for them to obtain a reduction in sentence, for which good conduct is required, as they are more likely to break prison rules due to their illness which is aggravated by locked life of prison (Petracek, 2012:1). In Florida's Orange County Jail, mentally healthy inmates stay an average of 26 days while mentally ill inmates stay for average of 51 days. In New York's Rikers Island Jail the average stay for mentally healthy inmates is 42 days while for mentally ill inmates is 215 days. Torrey *et al*. (2014:14) established that mentally ill jail inmates were twice as likely (19% versus 9%) to be accused with prison law violations. In another study in the Washington state prisons 41% of the violations of rules were performed by mentally ill inmates, although they were only 19% of the prison populace. In a county jail in Virginia 90% of battering was done by inmates with mental illness (Torrey *et al*., 2014:14).

Inmates with mental illness and not under treatment may be the cause of substantial misconduct in prisons and jails. Factors such as overpopulation, insufficient confidentiality, temperature and noise levels, persecution, and other environmental conditions in prisons can aggravate mental illness (Petracek, 2012:2). The locked in life of prison environment itself may increase the suicide risk and inmates with severe mental illness often fail to adjust to the prison environment.

For person who are at risk when entering prisons, or for those with a mental disorder, prison conditions may exacerbate their mental condition. Prisons are frequently situated in on the outskirts of the cities, therefore visits from relatives may be infrequent. Additional stressors connected to prison life include living conditions that are poor, performing work that is not meaningful, fights and rapes (Petracek, 2012:2), noise (Blevins & Soderstrom, 2015:143-144). The instability of the prison life permits inmate groups, gangs and hierarchies to emerge, some of which may be beneficial but for the most part increase stress and therefore mental illness result (Blevin & Soderstrom, 2015:144; WHO, 2005:1). Inmates with mental illness are maltreated more often than other inmates, and are unreasonably battered, and/or raped (Brooker *et al*., 2012:522).

Mentally ill inmates become more severely ill in prison, especially if they are not under treatment. Torrey and colleagues (2014:15) stated that inmates with mental illness and not treated often become more psychotic while in prison.

Inmates with mental illness spend more time in isolated places while in prison because of their psychotic behaviour (Torrey *et al*., 2014:15). The effect of solitary confinement on mentally ill inmates is almost always adverse. Insufficient stimulus and poor human interaction aggravate psychotic symptoms, and many of the instances of self-harm and suicide by mentally ill inmates occur when they are in locked place.

Suicides in prisons are more likely to occur among inmates who are mentally ill (Torrey *et al*., 2014:15). Suicide accounted for 1.4% of all deaths globally, making it the 15th leading cause of death in 2012. Suicide in prison is a serious health problem; inmates are at greater danger of mental illness because of susceptibility to poor social, economic, and environmental conditions. Suicide is the fifth most common cause of death in jails and prisons globally (Vǒllom & Dolan, 2009:742); in low and middle income countries in 2012 there were 75% of global suicides (Torrey *et al*., 2014:16). In the USA mentally ill inmates have a higher chance of returning to prison than other inmates because of the poor mental health services offered. Greater numbers of mentally ill inmates do not receive their treatment when they leave prison; as a result, they often end up recycling between prison and home (Torrey *et al*., 2014:16; Fazel, Wolf & Geddes, 2013:491).

2.6. Policy and laws regarding prisoners' health

The Basic Principles for the Treatment of Prisoners states that "All prisoners shall be treated with the respect due to their inherent dignity and value as human beings (Article 1) and "Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation" (Article 9) (United Nations Human Rights Office of the High Commissioner, 1990: General Assembly resolution 45/111).

2.6.1. Policies and laws regarding prisoner health in the USA and Europe

Inmates have a constitutional right to satisfactory health care, comprising mental health treatment, and the growth of correctional populations has strained the limited

capacity of prisons to answer to the health demands of inmates. The circumstances are mostly challenging in the case of inmates with severe mental illness, who need specialised treatment and services. There has been reliable substantiation that people with mental illness are overrepresented in prisons (United Nations Office on Drugs and Crime (UNODC), 2013:10). Prison administrations have an accountability not just to ensure effective access for inmates to medical care but also to create circumstances that encourage the health of both prison staff and inmates. This should be practiced in all areas of prison life, but particularly to health care. Two fundamental consequences of this are that all imprisoned people must be offered an appropriate medical examination on time as possible after admittance, and that inmates are entitled to care and treatment free of charge (UNODC, 2013:10).

To protect the right to health of inmates, international law subordinates to the state a legally enforceable duty of care. Government can be held responsible for failing to inhibit all forms of preventable health damage or injury to the well-being of its inmates. If the health of any inmate is maltreated, the government must evidence that state health care personnel did not cause the damage directly and (cumulatively) that it has taken all sensible methods of protection and prevention (UNODC, 2013: 9). Failing to do so would represent a violation of human rights. The Council of Europe (2006:19), through the European Prison Rules, supports the above statement by reflecting this special duty of care of the state as follows: “Prison authorities shall protect the health of all inmates in their care”.

2.6.2. Policies and laws regarding prisoner health in South Africa

Inmates are permitted the right to health care. Health care in prison is guaranteed and secured right in international law, and copious international legal instruments address this specifically. The Bill of Rights in the South African Constitution (Oosthuizen, 2016:44) holds numerous guarantees aimed at protecting the rights of those individuals detained by the state, whether they are sentenced inmates or awaiting trial (Motala & McQuoid-Mason, 2013:40; Oosthuizen, 2016:19). The Constitution of South Africa section 35 specifies that detained, imprisoned and alleged people have the right to medical treatment at state expense and also to contact and be visited by that person’s chosen medical practitioner. The Mental Health Care Act (17 of 2002), Regulation 35 states that a state patient or mentally ill inmate will give informed

consent for treatment or an operation and will decide whether to have treatment or an operation or not if he is capable of doing so. Where a mental health practitioner considers a mental health care user to be unable to give consent to treatment or an operation due to mental illness or intellectual disability, then a curator, if court has appointed one, a spouse, next of kin, a parent or guardian, a child over age of 18, a brother or sister, or a partner or associate, may give consent to the treatment or operation".

2.6.3. Policies and law regarding prisoner's health in Lesotho

The final draft of the Lesotho National Mental Health Policy, which has not yet passed into law, includes a statement by the Government of Lesotho through which the Government aims to establish a perfect route for the forthcoming development of mental health services within the Kingdom of Lesotho. As such, the policy is devised to ensure that applicable facilities are readily accessible to all Basotho (and residents of the Kingdom) with mental illness (Government of Lesotho, 2016:666). The policy recognises that a coherent national policy and strategic planning framework offer a chance for the country to address psychiatric needs in a systematic manner. The policy further recognises that when based on a thorough consultative process, and incorporating the latest evidence-based interventions, policy and plans can enable the incorporation of mental health into the public health agenda and make possible a complete multisectoral approach to mental health.

The Lesotho Health Act (3 of 2016) (not yet published), states that "the commissioner shall provide adequate health care services, including mental health to prison inmates". It also states that "an inmate shall be afforded adequate medical treatment at state expenses but not of a cosmetic nature".

2.7. Prevention and treatment of mental illness in prison in Europe

Mental health services are an essential part of any prison health service. There is a need to minimise the dangers of the correctional setting and to lessen the impact of

locked institutional life. All inmates, including those with mental illness, have the right to be treated with respect as human beings (Prins & Draper 2009:4).

The effective delivery of mental health services should promote healthy life, prevent illness and practice all methods to diminish humiliation to mentally ill inmates. In Europe individuals are provided with information/resources within correctional systems; such as fact sheets, and guides or toolkits about services and activities within the correctional system to improve their mental, emotional, and social well-being (Stöver, Jürgens, Gatherer & Nikogosian, 2007**)** Personnel employed in correctional systems in Europe are given material intended at decreasing the disgrace related to individuals with mental health problems and/or mental illnesses, in order to escalate significant relations with this population (Stöver *et al.,* 2007).

Individuals who have mental illness are referred to and monitored by qualified psychiatric personnel for a complete psychiatric assessment (Prins & Draper 2009:5).

2.8. Mental health services in prisons in Lesotho

In 2008 the WHO Mental Health Gap Action Programme was established which targets improvement of care offered for persons with mental, neurological and substance use disorders for particularly low and middle-income countries (LokSabha, 2013:1). Lesotho has commenced and is undertaking improvements in their psychiatric health care systems, transforming from out-dated institutional care or basically frank neglect, to care which is modernised, compassionate, and limitless. Despite the various reviews and developments over the years in the provision of mental health care services in prisons, there are still more that need to take place (Care Quality Commission and Her Majesty's Inspectorate of Prisons, 2014:4).

The Government of Lesotho accepted the policy of primary health care in 1979 (Commonwealth Health Partnerships, 2013:214). Neuropsychiatric disorders contributed an estimated 4.8% of the global burden of disease in 2008. There is no official mental health policy, but there is a final draft waiting to be passed in Parliament (Commonwealth Health Partnerships 2013:214).

Public care services offer assistance for those suffering from mental illness, as mobile units which are served by psychiatric nurses are in operation. Primary care doctors and nurses have had limited (if any) in-service training in mental health. There are 0.5

mental health outpatient facilities, 0.1 psychiatric hospitals and 2.9 beds in psychiatric hospitals per 100,000 persons in Lesotho. There are no psychiatric beds in general hospitals, day treatment facilities or community residential facilities (Commonwealth Health Partnerships, 2013:214).

Inmates obtain free medical care from government hospitals, and all prisons have a nurse and a dispensary to manage minor illnesses. There is evidence that psychiatric treatment and prevention are vital; this means the prevention and treatment programmes should also be introduced in prisons (Commonwealth Health Partnerships, 2013:214).

2.9. Benefits of responding to mental health issues in prisons

In overall community policies a combination of well-targeted management and prevention programmes in the field of mental health might help individuals affected by mental illness to have improved health and promote a country's development. In order to reduce the growing burden of mental illness, preventive and promotional policies can be used to provide services to patients, and by community health programme organisers to attend to the greater population (Baker, McFall & Shoham, 2009:71). Addressing mental health problems promotes the well-being and quality of life of both inmates with mental illness and the whole populace in prison. In Minnesota in the USA 95% of inmates go back to society; therefore addressing psychiatric problems in prison will contribute to the public's health and safety (Petracek, 2012:1). By promoting awareness concerning mental illness in prisons, most people in prison either personnel or inmates will have greater understanding of the problems faced by those with mental disorders, as a result stigma and discrimination can be reduced (Prins & Draper, 2009:4). Providing treatment to mentally ill inmates in prison improves the possibility that as they leave prison they will be able to cope with life outside prison, which may in turn decrease the possibility that they will come back to prison. Putting people with psychiatric problems into treatment and rehabilitation while in prison will eventually lessen the great expenses of prisons (WHO, 2005:2).

Prins and Draper (2009:7) argue that intellectual skills training, intensive drug treatment, residential treatment, prison training, work programmes, sex offender treatment interventions work and cognitive-behavioural interventions that focus on

offences and behaviours are more fruitful than prohibitions directed at eradicating upcoming delinquency. Prisons are difficult places to cope with and they are also most thought-provoking working environments for all levels of staff. If mentally ill inmates are not treated, their condition usually worsens and this causes serious problems in prison which affect the employees (WHO, 2005:3). A prison that offers mental health services improves the lives of mentally ill inmates and promotes the stability and peace of the prison environment and the mental health of prison staff, and should therefore be one of the central objectives of good prison management (WHO, 2005:4).

The WHO (2005:6) argued that effective prison health care has a beneficial effect for the public. Health in prison should be addressed in conjunction with the health of the general population as there is a continuous interchange between the prison and the broader public. Public health therefore includes prison health. Psychiatric treatment can aid some inmates to improve from their illness and for many others it can lessen its hurting signs, inhibit declining health, and safeguard them from suicide. It can promote autonomous functioning and inspire the expansion of more operative internal controls by helping inmates recover their health and advance coping skills. Psychiatric treatment promotes well-being and order within the prison environment and enhances public security when inmates are permitted to go to their homes (WHO, 2005:2).

2.10. Perceived barriers to the recognition and management of mental illness in prison

Correctional officers are vital to ensure the protection and safety of the amenities, and also as part of a multidisciplinary team in delivering mental health care in prison (Appelbaum, Hickey & Packer 2001:1341). Prison staff, especially security personnel, is the first people to identify inmates with health concerns. In addition they are frequently accountable for detecting and informing health professionals about deviations from normal in an inmate's health status (Appelbaum *et al.*, 2001: 1340).

In a study conducted to investigate correctional officers' views in relation to mental illness in Norwegian prison inmates; it was found that inmates with personality disorders were considered to be more destructive, violent and hostile. The study found that almost half of the security personnel reported that receiving education about certain types of mental disorder improved their views of mental disorders as well as of

people with psychiatric disorders. It is clear that prison management should conduct training for both security and health care personnel on mental health so that the apparent gap in knowledge attainment can be addressed (Kjelsberg *et al.*, 2007:24).

An early study conducted in the USA (1989) surveyed 85 security personnel and perceived that inmates with mental illness were seen as less important than those without mental illness. Security personnel reported that inmates with mental illness were seen as having poor reasoning skills cannot be understood easily and less foreseeable (Norman & Parrish, 2002:17). Fellner (2006:137) reported that most prisons in California were incapable of delivering sufficient psychiatric treatment because of influences such as a shortage of programmes, incompatible staff opinions, and correctional facilities' guidelines and rules that limit a rehabilitative culture. Prison documentation is often poor, which affects inmate care as it is difficult to evaluate whether inmates are receiving care to which they were entitled (Abramsky & Fellner, 2003:102). Mental illness can only be managed effectively if identified, so there must be a system of evaluation and diagnosis in place (Gerber, 2012:52).

Prison managers and workers should recognise mental health concerns as part of the requirements of preserving the security and safety of the facility. The integration of efficient mental health evaluation, classification systems, and management programmes will assist prison personnel to facilitate a safe and health-promoting environment (Blevins & Soderstrom, 2015:58).

Continuity of care in prison nursing requires that nurses have expertise and comprehensive capabilities. However, the expertise and capabilities required by nurses working in prison are not understood and are not clearly stated by their managers (Norman & Parrish, 2002:17). Another causative factor of poor health care services in prisons is the increasing unavailability of health personnel who are willing to work in the prison services. Filling these posts in prison facilities is more challenging than filling a hospital vacancy due to the vast variances in the scope of practice (Blevins & Soderstrom, 2015:145). This lack of adequate psychiatric personnel, due either to a lack of financial resources or because of the difficulty of attracting professionals to work in prisons, combined with the large demand for mental health services in prisons and overcrowding, means people with mental illness do not get sufficient mental health services while in prison, nor enjoy their right to the highest attainable standard of mental health care (Human Rights Watch, 2016:21). The

retention rate among prison health personnel in the USA is exceptionally low, with only 20% of nurses who joined their study were still working in prison over a three-year period (Chafin & Biddle, 2013:124). Reasons that nurses decided to leave post in a prison environment were more to do with inadequate remuneration, deficient contact with the sick person, and inappropriate behaviour from physicians in the prison (Chafin & Biddle, 2013:125). The inability to retain skilled prison nurses causes discrepancies in nurse-patient relationships and the constancy of management (Chafin & Biddle, 2013:128).

Crampton and Turner (2014) studied the problems that occur in managing persons who are imprisoned. They established that when it came to being notified of their patients' criminality, the nurses' responses were diverse (Crampton & Turner, 2014:182). Certain nurses interviewed in the study preferred not to be informed of their patient's misconducts or behaviours, as they felt that being aware of this information would hamper their ability to offer quality care (Crampton & Turner, 2014:188). One nurse in this study mentioned the development of a bad attitude that occurs after knowing about the misconduct of the inmate prior to prison, and this affects the care that she offers to such an inmate (Crampton & Turner, 2014:190).

In several societies people with mental illness are marginalised, stigmatised and discriminated in the social, economic and health spheres, due to extensive mistaken belief associated to psychiatric disorders. This disgrace and isolation habitually persist in prison, with the individual often facing still further demotion and discrimination due to incarceration. Prisons are not adequately equipped to respond suitably to the demands of inmates with mental illness. Prison psychiatric services are often woefully lacking, short-staffed, and have insufficient facilities and inadequate programmes, and many severely ill inmates may acquire little or no meaningful treatment (Blevins & Soderstrom, 2015:145).

There are numerous responsible and devoted psychiatric professionals employed in prisons, but they fail to respond to the needs of their clients because of challenges they meet such as work overload, poor working environments and institutional cultures that are insensitive to the significance of mental health services (Crampton & Turner, 2014:190). The rise in number of inmates has meant that the potential benefit of increased staff complements, resources and programmes has been lost. Resources are strained and mental health personnel fail to address the needs of mentally ill

inmates due to increased workload (Crampton & Turner, 2014:190; Blevins & Soderstrom, 2015:144). Without the essential management mentally ill inmates suffer distressing symptoms and their mental health can deteriorate (Crampton & Turner, 2014:190).

Inmates may see security personnel as people of greater power and thus do not feel as free to communicate mental health problems. This structure of authority does not permit suitable cooperation between security personnel and the health care personnel, which in turn contributes to a decline in the level of services which inmates receive (Norman & Parrish, 2002:17). Also, according to the US Department of Corrections the staff turnover is high (Chafin & Biddle, 2013:131). The reasons why nurses chose to leave positions in a prison facility were related to the rural location of most prisons, stressful working conditions and poor salaries (Chafin & Biddle, 2013:131). This failure to preserve trained prison service nurses leads to inconsistencies in nurse-patient relations, the stability of management, and the recording of inmate well-being (Chafin & Biddle, 2013:132).

2.11. Conclusion

Most of the studies in this review were conducted in developed countries and have contributed to the understanding of mental illness and its management in prisons. The prevalence of mental illness is high in correctional settings globally. The rise in mental disorders in prisons remains a challenge for mental health services, and many inmates with mental illness obtain inadequate treatment. It is evident that mental illness in the prison populace need to be managed better and the mental health of all inmates needs to be promoted. Minimal information regarding the mental health of prison inmates and access to psychiatric services is available in Lesotho.

Chapter Three Research Methodology

3.1. Introduction

This chapter presents the research design and methodology utilised in the study. The theoretical perspectives on the research design are presented. The qualitative method, study population, sampling, data collection and analysis and rigour are described.

3.2. Study setting

This study was piloted in Maseru prison in Lesotho. Maseru is the capital and largest city of Lesotho, and at the centre of the Maseru district situated on the Caledon River. There are 10 districts in Lesotho, with a prison in each district. The Maseru Central Prison houses males and females, with another prison outside the capital town. There were around 800 prisoners in the study setting at the time of data collection.

3.3. Research design

Mouton (2001:55) stated that a research design is “a plan or blueprint” for how the researcher intends to conduct the study. It shows what can be achieved and how it can be achieved. Kumar (2011:74) stated that “a research design is a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems”. A qualitative approach was utilised in this study. Qualitative research is a practical inquiry that investigates a contemporary phenomenon within a real-life context using multiple data collection strategies, such as semi-structured interviews, focus group interviews and/or observations (Cohen *et al.,* 2007:17). De Vos, Strydom, Fouche and Delport (2011:308) explain that qualitative research is a social interaction that permits the researcher to study the participants in detail, thus understanding the meanings they attach to their lives. This method is suitable when studying the behaviours and attitudes of people as well as processes in their natural settings. Human emotions or experiences are not easy to quantify or assign numerically, and therefore a qualitative method was suitable for this study (Grove, Gray & Burns, 2015:146).

A qualitative research approach enabled the researcher to describe the perceptions of health personnel regarding the accessibility of mental health services for inmates in Maseru Prison. Data collection was carried out using semi-structured interviews; this method offered the opportunity to engage with the complexities of the topic without any prior assumptions that may have limited inquiry (Creswell, 2009:190).

3.4. Target population

A target population is a group of persons who have and share some indicated features (De Vos *et al.,* 2011: 223). Polit and Beck (2012:273) define a population as "the whole set of objects or people in which the researcher is interested, and about which the researcher needs some features." The target population in this study included all the health personnel working in Maseru prison. At the time of the study there were 11 health personnel who had direct contact with prisoners.

3.4.1. Inclusion criteria

Persons who were eligible for inclusion were health personnel who:

- Were employees of the Ministry of Correctional Services in Maseru Prison;
- Had direct contact with prison inmates;
- Had post-secondary school training; and
- Were fluent in English (the language of communication in the prison services).

3.4.2. Exclusion criteria

The following persons were not eligible for inclusion:

- Managers, office staff and other personnel who did not fall into the above categories; and
- Personnel who were on vacation leave, on sick leave or who refused to participate in the study.

3.4.3. Sampling

Sampling in qualitative research focuses on experiences, events, incidents, and settings than on people (Grove *et al.,* 2015:270*).* For this study a purposive sampling approach was used to select participants who met the inclusion criteria. A purposive sample is based on the judgement of the researcher concerning the participants to be nominated, that will represent the study population and are knowledgeable about the topic to be studied (De Vos *et al.,* 2011:232; Grove *et al.,* 2015:270; Creswell, 2009:167). The aim of employing purposive sampling is to collect rich data grounded on the judgment of the researcher concerning the participants' knowledge about the topic to be studied (Botma *et al*., 2010:126; De Vos *et al*., 2011:394).

3.4.4. Sample size

Patton (2002:244) states that sample size does not depend on any rule in qualitative inquiry, thus the size is not statistically determined, and the estimated sample size may vary as the study continues. The most commonly used criterion for determining adequate sample size is based on reaching the saturation point, where the size of the sample is controlled by saturation of information, which means the point at which the researcher is receiving the same information received previously on the same study in hand, and therefore there is no precise number of participants (Polit & Beck, 2012:515). In this study, however, as the possible number of participants was limited, all health personnel were approached to consider participation in the study, which may have limited the potential information obtained, yet Baker and Edwards (2012), in a review paper, argue that it is not necessarily the number of participants interviewed, rather that the study is conducted with rigour and clear decision making. Baker and Edwards note that it is tempting for novice researcher to interview as many participants as possible, rather than focus on the depth and quality of the interviews. Nine participants agreed to participate and were interviewed. Due to the limited number of possible participants, although the researcher found data saturation with the eighth participant, all nine were interviewed.

3.5. Data collection tool

The researcher used semi-structured interviews using an interview schedule. Semi-structured interviews are defined as “an organised area around a particular interest, to collect detailed information while allowing flexibility to understand clearly the responses provided into a topic” (Polit & Beck, 2012:537). The use of semi-structured interviews in this study had a number of advantages. According to De Vos *et al*. (2011:343) semi-structured interviews are used when a researcher is interested in obtaining a comprehensive picture of the participants’ views about a specific matter. Semi-structured interviews are appropriate in cases where the researcher is concerned about an issue that is complex or personal (Botma *et al*., 2010:208). According to De Vos *et al*. (2011:352) an interview schedule is a suitable tool used to guide the technique in which questions are probed and thus to assist the researcher in remaining focused through active engagement with the participants throughout the interview. Semi-structured interviews provide flexibility for both the interviewer and the interviewee (De Vos *et al*., 2011:351). Such interviews also allow for the detection of different sides of the problem by exploring further some descriptions given by participants (Polit & Beck, 2012:536). To ensure the collection of trustworthy data in semi-structured interviews De Vos *et al.* (2011:352) recommended that interviewees should be clearly informed regarding all aspects of the proposed research; thus the role of the qualitative researcher as main instrument is engagement with the participants and building a relationship of trust in order to achieve an ‘insider’ perspective.

In semi-structured interviews the interviewer and the interviewee are equal partners. In this relationship De Vos *et al*. (2011:352) stipulates that a participant is considered to be the expert in the study and therefore should be allowed to do most of the talking and tell his/her story. Semi-structured interviews make use of an interview schedule. The interviewing techniques in semi-structured interviews are regarded to be open-ended or guided to invite the interviewee to participate in a conversation, rather than having discrete “yes” or “no” answer (De Vos *et al*., 2011:352). Various communication techniques (probing methods) were utilised as they facilitated mutual attentiveness, monitoring and responsiveness (De Vos *et al*., 2011:353). Probing questions were used to obtain additional information (Creswell, 2009:138).

The qualitative interviews were audio-recorded (with the knowledge and permission of the participants) (Appendix F) as a record of the conversation (Creswell, 2009:178) and to facilitate transcription for the purpose of data analysis. Grove *et al*. (2015:83) stated that an audio-recorder provides more concrete records than do notes during the interview, thereby allowing the researcher to concentrate on the interview process, but permission must be granted for such recordings. The researcher wrote field notes regarding her observations of events and activities (Creswell 2009:180). Field notes are usually completed to document observations during an interview, personal experiences, methodological issues and theoretical notes (De Vos *et al*., 2011:358).

Qualitative interviews should be held in natural, comfortable, non-threatening settings; silent settings where no disruptions transpire helps to enable the interview process (De Vos *et al*., 2011:350). It is the interviewer's obligation to produce an environment in which participants will feel relaxed enough to freely and openly talk (Polit & Beck, 2012:534). Qualitative interviews usually take a significant amount of time and can become lengthy, depending on the phenomenon discussed (De Vos *et al.*, 2011:353). Thus, in this research study the semi-structured interview gave the researcher an opportunity to obtain a comprehensive image of the perceptions of health personnel regarding the provision of mental health services for inmates at Maseru Prison.

3.6. Explorative interview (pilot study)

De Vos *et al*. (2011:484) regard a pilot study as crucial to the success of a research project, and it is particularly important in the practical planning of a research project. Aspects such as transport, finance, and the appropriateness of the data collection instrument are clarified in a pilot study, and in qualitative research the pilot study also provides a space for the researcher to reflect on the nature of the activity in which he or she is engaged (Sampson, 2004:390). The pilot study in qualitative research permits the researcher to concentrate on precise parts that may have been previously not clear or which escaped scrutiny, and to test the questions which guide the data collection process (Botma *et al.*, 2010:275).

In the exploratory pilot interview the questions in the interview guide were tested. This allowed the researcher to make amendments as required to enhance the potential for the success and quality of the interviews. Another advantage of the pilot interview was to address areas that might have been overlooked and to establish whether the interview guide would elicit the relevant responses that would enable the researcher to meaningfully explore, describe and understand the phenomenon under study. For the reasons stated above the explorative interview was helpful. The explorative interview was conducted a week before the commencement of the research study. The interview was transcribed and translated and the relevant field notes of the process were discussed with the study leader. It is during this process that unforeseen problems were detected and the necessary improvements were made in order to warrant effective execution of the research study. The questions in the interview guide were tested and the outcome of pre-testing of the questions helped the researcher to check the clarity of the wording of question items and areas in which to probe for more information. For example question number five needed the participant to comment on the treatment options in prison, which seemed unclear in the exploratory interview; in the full study interviews a clear verbal explanation was provided to ensure clarity.

The exploratory interview was also helpful in estimating the time frame for the interview. A suitable private space was initially challenging to obtain, and in the pilot interview the prison hall was utilised. This proved unsuitable as it was not private enough, and a more suitable space was obtained. Once the adjustments had been made appointments were set with the health personnel who had indicated that they were willing to participate.

3.7. Data collection

Consent to conduct this research was acquired from the Ethics Committee of the Faculty of Medicine and Health Sciences of Stellenbosch University (Department of Health, 2015: 16) (Appendix A). After permission was obtained (Appendix B) approval to conduct the study was sought from the management of Maseru Prison (Appendix C). The ethical considerations pertaining to this study have been discussed in Section 1.11.

In qualitative studies the main data collection instrument is the researcher. The researcher underwent training in interviewing techniques prior to the research. Interviews were conducted in Maseru Prison from 21 May to 1 June 2018. The quality of data collected depends on the quality of interviews and observations made by the researcher and, as De Vos *et al.* (2011:343) noted, this quality can only be achieved through the use of appropriate interviewing skills and successful communication. The process of interviewing includes communicating involving asking, listening and talking; the premise for inclusion of these is that without communication there can be no interviews (Botma *et al*., 2010:206). The following communicational skills were used in the interviews:

- *Probing:* De Vos *et al.* (2011:343) describe probing as the researcher's way of getting a participant to continue with the topic of the conversation, to clarify information or expand the answer to a question. This was used in the interviews in this study where the researcher said, for example, "Which patients are you mainly referring to Mohlomi?"
- *Reflecting*: This involves looking back on the conversation in order to assist the participant to expand on it, as well as to encourage them to make additional clarifying comments (De Vos *et al.*, 2011:343). The interviewer used reflective responses to show participants that she was listening attentively and was interested in what was being said.
- *Clarifying:* According to De Vos *et al.* (2011:343) clarifying is an effort to comprehend vague statements or the basic nature of a participant's statement. In this study the researcher asked the participants to give an example to clarify a meaning, and this helped the researcher to better understand their intended message.

3.7.1 Gaining mediated access to participants

After ethics approval had been obtained from the Ethics Committee of the Faculty of Medicine and Health Sciences at Stellenbosch University a letter was submitted to the management of Maseru prison in order to obtain their approval (Appendix C). Once the permission of Maseru prison management was obtained a meeting was held with them to explain the study and the procedure of data collection (Appendix D). Two meetings were held with managers in order to provide them with the necessary

information concerning the study. A list of the health care personnel was obtained from the prison manager. These health care personnel were invited to a meeting by an independent person (Appendix E) (who also acted as the co-coder). At this meeting, attendees were informed about the study and invited to participate in the study. The participants were informed that participation was voluntary (Appendix F) and they had the right to discontinue their involvement at any time during the study (Appendix G). Once an individual had indicated willingness to participate further information was given and all questions were answered.

The researcher is not employed by the Maseru prison, but only went to the prison at pre-arranged times to conduct the interviews. Individual times for interviews were arranged with each participant to suit their schedules to ensure that they were not on duty, which could have interfered with their duties and possibly compromise care. Any further questions were answered prior to the consent given by each participant. Consent was obtained from the participants to use an audio-recorder and only after the consent form was signed was the audio-recorder switched on.

All interviews were conducted by the researcher, following the semi-structured interview guide. The researcher continued to interview participants until after interview eight when the researcher felt that data saturation had occurred, however as there were only nine willing participants, she decided to conduct the final interview of which the same data from previous participants was obtained. The interviews were conducted over a two-week period. Each interview lasted approximately two hours. A copy of the interview schedule was made available to the participants to enable them to read the questions during the interview (Appendix H). All interviews were conducted in English; however, while the information and consent form were made available in English, where the participants needed further explanation it was done in the language of their choice. The interview was conducted in the room allocated for interviews in the prison, which ensured privacy. Only the researcher and the participant were present in the interview sessions. Immediately after each interview the researcher completed the field record of verbal and nonverbal behaviour during the interview, and noted other relevant information pertaining to the interview. All of the above measures were in place in order to ensure data accuracy, consistency and completeness, and correction of mistakes as they occurred.

3.8. Data management

All interviews were transcribed by the researcher. The interviews were listened to as soon as possible after the interviews were completed and the transcriptions made. Voice recordings were listened to over and over again to ensure that all data were correctly captured. The transcripts were checked by the researcher (read and listened to the recording) for quality control prior to data analysis. Each participant was anonymised and identified by a number and audio-recordings were labelled to make data easily retrievable. Electronic copies of transcripts were stored in separate documents in one folder. The study leader kept a copy of the data as a backup. All data were safely stored. The research records will be kept for five years as required and will then be destroyed (Orb *et al.*, 2001:95).

3.9. Data analysis

The purpose of qualitative data analysis is to generate order, structure and significance from a bulky amount of data (De Vos *et al*., 2011:405). De Vos *et al*. (2011:333) state that qualitative analysis reduces the quantity of raw data, sifting significance from trivia, identifying significant patterns and creating a framework for communicating the importance of what the data reveal. There are multiple ways to undertake qualitative data analysis, but much depends on the purpose of the research (De Vos *et al.*, 2011:405). Creswell (2009:184) recommended that in qualitative studies data analysis should commence simultaneously with data collection. The transcribed data were analysed by two analysts (the researcher and an appointed person experienced in qualitative research) to ensure trustworthiness. A person experienced in qualitative research and data analysis was recruited to assist as an independent co-coder to analyse the data from the interviews (Appendix I). Data were analysed using the content thematic analysis method (Botma *et al.,* 2010:222). Botma (2010:222) describes this method of data analysis as a way of analysing data by organising them into categories on the basis of themes, concepts or similar characteristics.

The transcripts were analysed by the researcher by organising the data thematically and taking into consideration all aspects relating to the interviews, including the field

notes. The independent co-coder was also given the transcripts to analyse the data separately. The researcher and the independent co-coder were each allotted a week to identify the themes. Thereafter a meeting was scheduled to condense the volume of the data. The researcher and the independent co-coder worked together to identify the final themes and reached consensus about the final themes. This process contributed to the trustworthiness of the research. The co-coder is a lecturer at National Health Training College in Lesotho who has a master's degree in psychiatric nursing (Appendix I). She is also experienced in qualitative study.

The following steps were followed for the analysis of the data:

Step 1

The researcher read through the data after the transcription was completed. The transcription was checked against the audio-recording to confirm accuracy. The researcher read the data transcripts thoroughly several times so as to become immersed in the data. The researcher analysed each interview as a whole, not question by question. All the transcriptions were carefully read to get a sense of overall data and points were jotted down. The researcher attained the overall sense of the data and the general meaning before the data were broken into smaller meaning units. The meaning unit is the smallest part that contains some of the important information that the researcher requires. Each meaning unit identified is marked with a code which reflects its context. The data were analysed according to the question asked. The codes enabled the identification of concepts around which the data were grouped. The researcher developed a coding list with a description of the codes to ensure reliability, as per Appendix J (Botma *et al.,* 2010: 224).

Step 2

After identification of meaning the researcher checked whether all aspects of the content had been covered in relation to the aim. The original data were re-read together with the final list of meaning units (Botma *et al.,* 2010:224). The independent co-coder and the researcher met to compare the themes identified and to reach consensus.

Step 3

A list of codes was made, and similar categories were grouped together and columns reflecting the themes, unique categories and 'leftovers' were made. Codes were assigned to the categories in order to organise them and to observe whether new categories and new themes emerged. Codes were grouped together into categories. The categories were further examined and assigned to the themes. Analysis was considered to be complete when a realistic explanation was reached. An example of this is that the three categories limited knowledge of signs and symptoms of mental illness; diagnosis and management; and competence and confidence were clustered into theme one: Knowledge of mental illness (Botma *et al.,* 2010: 224).

3.10. Trustworthiness

Trustworthiness is best defined as the "believability" of a researcher's findings (Polit & Beck, 2012:584). The key criterion or principle of good qualitative research is found in the notion of trustworthiness. Qualitative researchers use different criteria of trustworthiness when defining reliability and validity, such as consistency, dependability, conformability, credibility and transferability (Polit & Beck, 2012:584-585). The trustworthiness of this study was ensured by following the principles identified by De Vos *et al*. (2011:419-421) and includes the strategies for credibility (proving the accuracy of the findings), transferability (ensuring applicability of the findings), dependability (ensuring consistency of the findings) and conformability (using the criterion of neutrality or freedom from bias) (Polit & Beck, 2012:585).

Credibility (truth value) was achieved by making careful and detailed field notes whereby the participants' nonverbal reactions and mannerisms were observed during the interviews and after each interview in order to keep an accurate recording of all data. Cross-examination of the data was done by reading the transcripts thoroughly several times, to become immersed in the data to obtain a sense of the interviews before categorising the data (De Vos *et al.*, 2011:343) and re-coding them where necessary.

To ensure conformability the researcher set aside her assumptions about the research phenomenon (Grove *et al*., 2015: 69). The researcher bracketed her own knowledge

assumptions and prejudices concerning mental illness in prison during data collection and analysis to minimise any bias in the interviews, data analysis and discussion.

Transferability/applicability was ensured by describing the research methodology in detail. Having done all of this, it is the responsibility of the one who intends to transfer the research results to judge the soundness of that transfer (Polit & Beck, 2012:585).

To ensure dependability the transcripts were reviewed by the research supervisor. Pre-testing the interview guide increased dependability (consistency). The use of a co-coder enabled the researcher to identify categories with sufficient supporting evidence from the transcripts.

3.11. Ethical considerations

Research ethics is a set of ethical standards that is concerned with how research techniques follow professional, lawful and sociological duties to the study participants (Polit & Beck, 2012:150). In this study the participants' informed consent was obtained for participation, anonymity was guaranteed, the possibility of harm was minimised, confidentiality was ensured, and the required permission for the study was obtained.

3.11.1. Informed consent and the right to privacy

Participants were provided with an information sheet providing the relevant details with regard to the aim of the study and how participants might elect to either participate and/or exercise their right to withdraw from the study (Department of Health, 2015:16). The participants' personal information was treated as confidential; information that was collected via interviews was kept in a safe place with access only by the principal researcher. All information collected was stored and will be kept in a secure location for at least five years, after which it will be demolished. The informed consent form and the transcripts were not linked, in order to prevent identification, but have been kept on record.

3.11.2. Autonomy

Respecting respondents is acknowledgment of research respondents' rights, comprising the independent decision to be made knowledgeable about the study, the right to choose whether to partake in a study, and the right to withdraw at any time without punishment (Department of Health, 2015:16). The questions were phrased in such a way that they did not belittle the integrity of the participant (Orb *et al.*, 2001:95; World Medical Association, 2013:2194).

3.11.3. Voluntary participation

Respondents were informed about their right to participate freely and their right to withdraw at any stage of the study (Orb *et al.*, 2001:95; Department of Health, 2013:16).

3.11.4. Risks and benefits

In this study risk was insignificant because no expressively delicate content was explored. The benefit of this study is that the results may be used to plan and implement suitable programmes of care which may in turn reduce stress of mentally ill inmates (World Medical Association, 2013:2192).

3.11.5. Data destruction

Data destruction refers to how long data must be kept safely before being destroyed. The research records will be kept for five years. This is to ensure that there is no realistic likelihood that the researcher will be demanded to defend against an allegation of scientific misconduct. The researcher will then safely destroy the information using acceptable and international practices for the discarding of information used in research (Department of Health, 2015:23). Paper records will be ragged and reprocessed. Records stored on a computer hard drive will be deleted using commercial software applications intended to eradicate all information from the storage device (Orb *et al.*, 2001:95).

3.11.6. Social value

This study is relevant and responsive to the needs of the people of Lesotho. The findings will provide information which may be used to design and implement training programmes for prison health care personnel, thus enhancing mental health care for prisoners.

3.12. Conclusion

This chapter has detailed the research design and methods of data collection. The rigour of the study was described as well as the ethical considerations. In the following chapter the findings are presented.

Chapter Four Presentation of Findings

4.1. Introduction

In this chapter, the findings of this study are presented. The aim of this study was to explore the perceptions of prison health personnel regarding the availability and access to mental health care services for inmates of Maseru prison. Nine semi-structured interviews were conducted with prison health care personnel. The data will be presented in the sequence in which the interview questions were asked in the interview guide.

The interview guide (Appendix H) comprised two sections: Section A consisted of demographic information questions; and Section B consisted of 14 open-ended questions which explored four areas relating to the participants' perceptions regarding availability of and inmates' access to mental health services.

4.2. Participant demographic information

Nine interviews were conducted (Table 4.1), five female and four male participants. The age range of the participants was 34-45 years. The three nurses and six social workers who participated all had post-school tertiary qualifications.

Table 4.1 Participant demographic information

Participant ID	Sex	Professional registration	Period of prison work experience	Age (yrs)	Occupational position
00	Male	24477	20 years	45	Registered Nurse
01	Female	53248	10 years	38	Social worker
02	Male	57703	12 years	36	Registered nurse
03	Female	None	10 years	38	Social worker
04	Male	754499	8 years	35	Social worker
05	Female	75738	4 years	34	Social worker
06	Female	75738	4 years	34	Social worker
07	Female	21189	12 years	37	Registered Nurse
08	Female	24477	12 years	34	Social worker

4.3 Themes

Four themes emerged from analysis of the data: knowledge of mental illness; the management of mentally ill inmates; barriers to accessing mental health services; and improvement of the mental health services.

4.3.1 Theme 1: Knowledge of mental illness

Three categories formed this theme: limited knowledge of signs and symptoms of mental illness, diagnosis and management and competence and confidence (Table 4.2)

Table 4.2: Examples of quotes reflecting each category in theme 1, knowledge of mental illness

Category	Participants' quotes
Limited knowledge of signs and symptoms of mental illness	▪ The health care personnel in Maseru Prison do not have enough knowledge to recognise signs and symptoms related to mental illness. I am only able to identify inmates with psychotic behaviour to be mentally ill. I don't have confidence in dealing with mentally ill inmate as I was not trained on mental illness during our training as general nurses. During nurse's training I only did introduction to psychiatric nursing, therefore I lack skills of managing mentally ill prisoners. (P 00) ▪ Health care personnel cannot be able to assist inmates with psychiatric disorders due to lack of knowledge. (P 03) ▪ Health care personnel in Maseru Prison do not have enough knowledge, because almost all inmates are only identified when they are now showing psychotic behaviour. If the other inmate who is not psychotic is suspected to be mentally ill, that inmate is not treated unless he becomes psychotic. (P 05) Health personnel do not have skills to assist inmates with mental illness. The health care personnel do not have enough knowledge to manage mentally ill inmates because they fail to see them before they have psychotic behaviour. I don't have confidence due to lack of knowledge. (P 06)

	Health care personnel in Maseru Prison do not have enough knowledge because most inmates are not okay mentally but are not under treatment. I am not confident and competent in assisting mentally ill inmates as I am only able to diagnose inmates with psychotic behaviour but other mental illness conditions I cannot see or identify. (P 02)
Diagnosis and management	• There is no diagnosing tool to assist health care personnel to diagnose mentally ill inmates. Therefore there is nothing to provide guidance [on] diagnosing and managing mentally ill inmates. This says most mentally ill inmates' problems are not addressed. (P 07) • I have limited knowledge in diagnosing mentally ill inmates due to the fact that I was not trained in mental health. Sometimes I just suspect this inmate might be mentally ill but I do not have a skill to say I think he has a certain problem. Therefore I end up leaving him like that because as social workers when we refer such an inmate to the nurse he or she will be demanding you to give a clear history of why you're saying such an inmate is mentally ill. (P 05) • I do not have skills in assisting or diagnosing mentally ill inmates as a health personnel because during my training as a nurse I only did introduction to psychiatric nursing, therefore I don't have sufficient knowledge to diagnose and manage mentally ill inmates. (P 00) • Health personnel do not have enough knowledge to diagnose mentally ill inmates. (P 01)
Competence and confidence	• I don't have confidence and competence due to lack of knowledge because as nurses we only did introduction to psychiatric during training as nurses. (P 03) • I don't have competence in dealing with mentally ill inmates due to insufficient knowledge. (P 06) • I don't have confidence and competence as the only inmates with mental health problems we can identify are the ones with psychotic behaviour. (P 05) • Most inmates are incarcerated several times due to failure of health personnel to diagnose or identify mental illness, so when released from prison they go back and engage in crime again. (P 00)

4.3.1.1. Limited knowledge of signs and symptoms of mental illness

All participants were of the view that the health care personnel in Maseru prison lacked knowledge about mental illness. Participant 00 said that “We are only able to identify inmates with psychotic behaviour to be mentally ill”. He further indicated that his pre-registration nursing programme had included only an introductory course in psychiatric nursing, which was insufficient to enable him to manage mentally ill inmates adequately.

4.3.1.2. Diagnosis and management

Participant 07 stated that there was no diagnostic tool to assist health ca personnel to identify mentally ill inmates, and they had no guidelines to use in diagnosing and managing such inmates. The nurse participants had not received further training in mental health and felt that their limited knowledge made it difficult to recognise, diagnose and manage inmates with mental illness, as indicated by participant 03 who said “the health personnel in prison do not have enough knowledge to identify clinical manifestation of mental illness”. He further added that the nurses’ lack of knowledge made it difficult to assist inmates with mental illness. They were more likely not to refer an inmate for treatment, as explained by participant 07 when she said security personnel usually say “no; this person is just overburdened by the sentence, he will be okay with time”. The prison officers would also not take any further action as the inmates’ mental status was not accurately diagnosed by the health personnel.

Participant 05 stated that “Sometimes I just suspect this inmate might be mentally ill but I do not have the skill to say this inmate has a certain problem, therefore I end up leaving him in the same situation”. When social workers refer such an inmate to the nurses a thorough, detailed history is needed to support the assessment of mental illness. All participants felt that the prison health care personnel had insufficient knowledge. Social workers who participated in the study said most inmates were only viewed as having mental illness once they began to exhibit psychotic behaviour. If an inmate who is not psychotic is suspected to be mentally ill, that inmate is not treated unless he becomes psychotic. Inmates with a milder form of mental illness are not treated until the illness exacerbates to a point where psychosis is recognised.

4.3.1.3. Confidence and competence

The only participant who felt confident about managing mentally ill inmates was a psychologist, but in a social work post in the prison. This has contributed to delay in the management of the mentally ill, as inmates were only treated when psychosis was evident. Participant 00 indicated that the insufficiency of mental health knowledge and skills has contributed to inmate recidivism.

4.3.2 Theme 2: The management of mentally ill inmates

This theme comprised four categories namely, availability of treatment, referral system, preventive services and effectiveness of mental health services.

Table 4.3: Examples of quotes reflecting each category in theme 2, the management of mentally ill inmates

Category	Participants' quotes
Availability of treatment	There aren't treatment options in this prison therefore all inmates with identified mental health problems are referred to Mohlomi Hospital. (P 04) There are no facilities available for treatment and management as there is no psychologist, psychiatrist nurse, psychiatrist nor drugs to treat mentally ill prisoners. If a prisoner is diagnosed with psychiatric condition he or she is referred. (P 06) All inmates are referred due to unavailability of mental health services. (P 07) There is no treatment option like psychologist, psychiatric nurse, psychiatrist and medications. (P 08)
Referral system	The correction officer first informs the nurse about the psychotic inmate and if the nurse finds him to be mentally ill such an inmate is referred to Mohlomi Hospital. (P 00) The social worker also informs the nurses about the psychotic inmate and the nurses do referral arrangement to psychiatric hospital. (P 05) If there is a psychotic inmate he or she is usually tied and referred to psychiatric hospital. (P 07) The inmate is referred via a hospital called Queen Two to psychiatric hospital. (P 04)
Preventive services	There are social workers who see inmates on a regular basis and provide counselling for their problems. (P 02) Social workers also do offender/victim mediation to reduce stress for inmates. (P 08) There are some games they do to reduce stress. (P 08) They also help those with anger with anger management. (P 08)

4.3.2.1. Availability of treatment

All participants were of the view that there are no treatment options, and no facilities such as the services of a psychologist, psychiatrist, psychiatric nurses or psychiatric drugs in prisons. Therefore all mentally ill inmates were referred to the psychiatric

hospital: “We don’t have any treatment options, once the inmate is diagnosed with mental illness, he is referred to Mohlomi [psychiatric] Hospital.” (P 05)

4.3.2.2. Referral system

The referral system used in prisons is based on the assessment findings of the health personnel. Most participants said the security officer first informs the nurse in charge of the health care department about the psychotic inmate. Participant 02 indicated that if the nurse, after assessment, finds the inmate to be mentally ill, then the inmate is referred to the psychiatric hospital. All the social workers indicated that should a social worker suspect mental illness in any inmate she informs the nurses about the psychotic inmate and arrangements are made for referral to the psychiatric hospital. Participant 06 mentioned that in most cases psychotic inmates are physically restrained during referral to the psychiatric hospital.

4.3.2.3. Preventive services

All social worker participants said prevention of boredom and stress is offered by the social workers, who offer inmates stress-relieving games such as ‘*Morabaraba*’, a traditional two-player board game played in South Africa, Botswana and Lesotho (Dunton, Ntaote & Bulane, 1990:30). As indicated by participant 06, a few preventive health services such as sports and other recreational activities are offered by social workers to inmates. The social workers also offer counseling services and offender/ victim mediation as part of stress management. Inmates with anger issues are assisted with anger management programmes (mentioned by participant 08). Some of the nurses who participated felt that the social workers lacked skills and that the mental health prevention programme was not effective, as highlighted by participant 07 when she said that preventive health services are not done. She further commented that “I realised that the social workers only attend to social needs, so I don’t think they are offering preventive services in mental health. Even inmates don’t want to go there because they say they do not see its importance.”

4.3.2.4. Effectiveness of mental health services

The efficiency of mental health services in the prison was questioned by all participants, as the health personnel had inadequate knowledge and skills to deal with mentally ill inmates, and thus all inmates regarded as having mental health problems are referred. Participant 00 put it succinctly: “Mental health services are not effective in Maseru prison as the services are not available.”

4.3.3 Theme 3: Barriers to accessing mental health services

This theme comprised five categories, namely: shortage of staff; focus of Ministry of Health; culture; structure of authority in prison; and stigma and discrimination. Table 4.4. shows the categorisation of the participants’ quotes. Each category is discussed below.

Table 4.4: Examples of quotes reflecting each category in theme 3, barriers to accessing mental health services

Category	**Participants’ quotes**
Shortage of staff	• We don’t have psychiatrists and other qualified personnel in mental health like a psychologist and a psychiatric nurse. (P 04) • We do not have qualified personnel in psychiatric services therefore unavailability of mental health care personnel serves as an obstruction to mental health services. (P 08) • Unavailability of qualified personnel in mental health contributes to declining services in mental health. (P 01) • There is no way mental health services can be provided when there are no personnel at all for mental health. (P 02) • Unavailability of mental health staff means unavailability of services. (P 00)
Focus of Ministry of Health	• The country mainly focused on HIV and AIDS and TB as they have got some donations and have forgotten about mental health. (P 03) • The country has focus on diseases that bring money to the country and has forgotten about psychiatric services. (P 07)

Category	Participants' quotes
	• Mental health is neglected by the government and therefore it's not easy for it to be considered by other people. (P 03)
Culture	• Some inmates believe they are bewitched and therefore do not seek medical aid when they have symptoms related to mental illness. (P 02) • The Basotho culture does not separate mental illness and witchcraft and therefore most inmates hesitate to seek mental health care because they believe they are bewitched. (P 03) • Our culture contributes a lot to people who do not seek medical aid when they have mental illness. (P 05)
Structure of authority in prison	• The structure of authority in prison does not permit suitable cooperation between the security personnel and the health personnel, which leads to a decline in the level of mental health services prisoners obtain. (P 07) • Lack of knowledge on the side of security personnel contributes to poor mental health services; for example, security personnel may complain that a certain inmate has caused harm to people outside and he is treated well when he gets into prison due to the fact that health personnel are saying he is not well mentally. (P 07)
Stigma and discrimination	• Some inmates do not want to take psychiatric treatment because of fear that other inmates are going to stigmatise them. (P 01) • Some inmates are of the opinion that once people are aware that they take psychiatric treatment they will discriminate against them. (P03) • Some inmates believe that mentally ill patients are undermined, therefore they are going to be under considered once they take psychiatric treatment. (P 01) • Other inmates are of the view that psychiatric treatment changes their life as others just become severely tired once they start psychiatric treatment. (P 06)

4.3.3.1. Shortage of staff

All participants were concerned about the barriers which limited access to appropriate mental health services in the prison. The shortage of staff and poor knowledge or a lack thereof were of major concern for all, as there wasn't a mental health specialist employed at the prison. Participant 06 stated as follows: "We do not have qualified personnel in mental health therefore unavailability of mental health personnel serves as a barrier to mental health services". Participant 03 also commented "there is no way mental health services can be provided when there are no personnel at all for mental health". Participant 07 also stated that there is a lack of knowledge of the personnel in prison which contributes to unavailability of mental health services.

4.3.3.2. Focus of Ministry of Health

Participant 03 was of the view that the focus of the health services in the country was on the major communicable diseases such as HIV and tuberculosis (TB), in part because there is international funding for the management of these diseases, and that mental health services had been neglected. He further stated: "The country has focus on diseases that bring money to the country and has forgotten about mental health services". Participant 00 said "Mental health is neglected by the government and therefore it is not easy for it to be considered by other people".

4.3.3.3. Culture

Culture and belief were thought to play a role in the lack of access to mental health services by some participants. For example, participant 03 said "The Basotho culture does not separate mental illness and witchcraft and therefore most inmates hesitate to seek mental health care because they believe they are bewitched". Some participants, including participant 05, reflected on their perception that some inmates believed they were bewitched and therefore did not seek medical help when they have symptoms related to mental illness.

4.3.3.4. Structure of authority in prison

Some participants perceived that the structure of authority in prison does not permit suitable cooperation between the security personnel and the health care personnel,

which leads to a decline in the level of mental health services provided to inmates, since most of the time security personnel see things differently from the health personnel. For example, participant 07 stated that training on mental health services should be given to security personnel as well as to health personnel in prison. She further noted: “I remember there was one inmate who killed his grandmother, and one day he was complaining that he wants to drink blood, so security personnel hit him severely, so he also retaliated and beat them and his sentence was increased.” Participant 07 stated that lack of knowledge on the part of security personnel contributes to poor mental health services. She added that “security personnel may complain that a certain inmate has caused harm to people outside and he is treated well when he gets in prison due to the fact that health personnel are saying he is not well mentally”.

4.3.3.5. Stigma and discrimination

Disgrace and isolation usually persist in prison, with the inmate often facing further marginalisation and isolation due to imprisonment. Participants 01, 05 and 06 indicated that some inmates do not want to take psychiatric treatment because of the fear that other inmates are going to stigmatise them. Participant 06 further indicated that “Some inmates are of the opinion that once people are aware that they take psychiatric treatment they will discriminate against them”. Moreover, some inmates (e.g. P 01) believe that mentally ill patients are undermined, and therefore they will be “under considered” once they take psychiatric treatment. Participant 06 stated that “Other inmates are of the view that psychiatric treatment changes their life as others just become severely tired once they start psychiatric treatment”.

4.3.4. Theme 4: Improving the mental health services

Theme 4 is divided into two categories, namely hiring of qualified personnel and in-service training. Table 4.5 shows the categorisation of the participants’ quotes, and each category is discussed below.

Table 4.5: Examples of quotes reflecting each category in theme 4, improving the mental health services

Category	Participants' quotes
Hiring of qualified personnel	• Qualified personnel need to be hired, such as psychologists, psychiatric nurses and psychiatrists. (P 08) • The staff of Maseru Prison is illiterate concerning mental health, so staff should be trained on mental health. (P 01) • Nursing posts in prison should be filled by nurses who also have psychiatric nursing. (P 00) • The mentally ill inmates are restrained like criminals during transportation to psychiatric institutions when they are psychotic, because health personnel lack skills on how to handle them as they are not mental health personnel. (P 05)
In-service training	• The nurses working in prison should be trained in psychiatric nursing. (P 00) • In-service training on psychiatric issues should be done for all personnel working in prison. (P 05) • I was not trained in mental health as a general nurse therefore I don't have knowledge in dealing with mentally ill inmates. (P 03) • Holding workshops on mental health for all personnel working in prison would help to change the situation in Maseru Prison. (P 08)

4.3.4.1. Hiring of qualified personnel

Hiring of qualified mental health personnel such as a psychologist, psychiatric nurses and psychiatrists was highlighted by all participants as necessary to improve prison mental health services, as indicated by the quote from participant 08. A concern raised by all of the participants was that there were no mental health personnel in Maseru prison, which contributes to poor mental health services. Participant 05 stated that "The mentally ill inmates are restrained like criminals during transportation to psychiatric institutions when they are psychotic, because health personnel lacked information on how to handle them as they are not mental health personnel".

4.3.4.2. In-service training

All participants felt that the Maseru Prison staff lack knowledge about mental health, and recommended that the entire prison staff be trained in mental health. For example, participant 07 said training on mental health services should be provided for security officers during their training and also for health personnel in prison. Participant 03 reflected as follows: “I was not trained in mental health as a general nurse therefore I don’t have knowledge in dealing with mentally ill inmates”. In order to bridge this gap, as noted above, participants suggested that in-service training on mental health services should be delivered for all personnel working in prisons. Said participant 08: “Holding of workshops on mental health for all personnel working in prison would help to change the situation in Maseru Prison.”

4.4. Conclusion

The findings that emerged from responses in the semi-structured interviews were presented in this chapter. The demographic details of the participants were discussed, and the last section discussed the themes and categories that emerged from the data. In the next chapter, chapter five, the limitations of the study are outlined, with a discussion of each theme, as well as recommendations that emerged from the study and the conclusion of the study.

Chapter Five - Recommendations, discussion and Conclusion

5.1. Introduction

This study aimed to explore the perceptions of health personnel regarding availability and accessibility of mental health services in Maseru prison in Lesotho. Objective one of the study was to describe and explore the perceptions of the health personnel regarding the current mental health facilities in Maseru prison. The findings reflect that participants felt that health personnel had inadequate knowledge and were ill-prepared for the management of inmates with mental illness. They lacked confidence and competence due to lack of education in mental health conditions in their training programmes.

Objective two of the study was to describe and explore the perceptions of health personnel about the availability and accessibility of mental health care for inmates in Maseru prison were. Participants reported that there were no treatment options in the prison and that all mentally ill inmates were referred to the psychiatric institution. The health services are not effective in identifying mentally ill inmates, and nothing is done for those who are identified in the prison as they are treated in the psychiatric hospital.

5.2. Limitations of the study

This study has a number of limitations. The study was conducted in one prison setting with a limited number of health personnel employed in the facility. Of the eleven possible participants, nine were interviewed. The researcher's own inexperience may have contributed to a lack of in depth information being obtained from the participants. Language may also be a limitation. Although all participants are fluent in English, this may not necessarily be their home language, and may have affected the quality of response to the interviewee's questions. As a limited qualitative study, the findings may not be generalised, however, may be transferable for similar settings.

5.3. Discussion of themes

5.3.1. Discussion of theme 1- Knowledge of mental illness

The increased numbers of inmates with severe mental illness in prisons remains a challenge. The mentally ill inmates in Maseru prison are poorly managed due to the lack of skilled personnel and inadequate treatment facilities in the prison. Prisons worldwide have large numbers of inmates with a mental disorder and in general treatment is inadequate (Ginn, 2012:345). A 2009 study conducted in England and Wales found that over 70% of male inmates showed evidence of two or more mental disorders, but mental health services were unavailable or inadequate (Ginn, 2012:345). The participants in the current study reported similar experiences.

Despite increased numbers of people with mental illnesss in Maseru prison and the high level of need, these disorders are poorly diagnosed and treated in prison due to lack of knowledge. This is supported by Naidoo and Mkize (2012:30) and Vòllom and Dolan (2009:741) when they said prison staff in general have inadequate training to recognise inmates with mental illness and lack the knowledge to refer them for further assessment and management.

According to Ginn (2012:345) crime has been consistently associated with severe mental illness. Study findings also revealed that most inmates are imprisoned several times due to failure of health care personnel to diagnose mental illness, since when inmates are realised from prison they go and engage in crime again. In a study conducted to investigate security personnel's views in relation to mental illness in Norwegian prison inmates, it was found that inmates with psychiatric disorders were considered to be more destructive, violent, and hostile and therefore they were physically assaulted by security personnel to stop their behavioural problem.

The study found that almost half of security personnel reported that receiving education about certain types of mental disorder improved their views of mental disorders as well as of people with mental disorders. The participants in the current study reported similar experiences, as the study findings confirmed that inmates were severely beaten if they showed behaviours depicting mental illness.

It is clear that prison management should conduct training for both security and health care personnel on mental health so that the apparent gap in knowledge can be addressed (Kjelsberg *et al.,* 2007:24). Fellner (2006:137) reported that most prisons in California were incapable of delivering sufficient psychiatric treatment because of

influences such as a shortage of programmes, incompatible staff opinions, and correctional facilities' guidelines and rules that limit a rehabilitative culture. The participants in this study also had a similar experience, as the study findings also revealed that the guidelines and rules in prison affected the mental health services in prison.

5.3.2. Discussion of theme 2: Management of mentally ill inmates

Addressing mental health problems with high-quality treatment in prison is still a problem (Fazel *et al*., 2016:871). Mental health disorders are habitually present among inmates in England, but treatment is insufficient (Ginn, 2012:345); Maseru prison is no exception, as the needs of mentally ill inmates are not addressed, as revealed by the study findings.

First-class treatment trials for mental disorders in inmates are insufficient (Fazel *et al.,* 2016:871). Mental illness weaken inmates' capability to deal with the strange traumas of prison and to follow the directions of prison life. The inmates with mental illness follow prison rules poorly when they are not under treatment. Their misconduct is punished rather than being treated, and this is not unique to Maseru prison as the study findings have revealed that inmates with problematic behaviour showing mental illness are severely beaten for their misconduct.

Security personnel view mentally ill inmates as problematic and disturbing, and therefore place them in isolation. Poor human interaction and lack of mental stimulus 24 hours a day life in small, sometimes segregation cells without windows, together with the lack of sufficient psychiatric services, intensely exaggerates the distress of the mentally ill (Kjelsberg *et al.*, 2007:24). The above statement is in line with Maseru Prison's mental health services, as there are no treatment facilities such as psychologists and psychiatrists nor medications, which contribute to more inmates being severely ill as most are not treated in time. The prevention services are minimal. Mental health services are not offered in Maseru prison – as is also the case for all prisons in Lesotho. Mental health services in Maseru prison are not effective as inmates with mental health problems are managed at the psychiatric hospital.

In the USA prison services are estimated to consistently accommodate twice as many individuals with severe mental illness as do psychiatric institution. European prisons

face alike problems but facilities to manage mentally ill inmates are still a problem, and Maseru prison is no exception, as experienced by the study participants (Salize, Dreßing & Kief, 2007). According to Fazel *et al.* (2016:872) mental illness in prison is increasing. In spite of the increased incidence of mental illness in prison, these disorders are habitually poorly diagnosed and under-treated.

5.3.3. Discussion of theme 3: Barriers to accessing mental health services

Blevins and Soderstrom (2015:145) stated that one of the causative factors of poor mental health services in prisons is the growing unavailability of qualified mental health personnel who are willing to work in the prison services. The study findings have revealed that a shortage of mental health personnel is a serious problem in Maseru prison, although this is not unique to Lesotho. Filling these positions in prison facilities is even more challenging than filling in a hospital vacancy due to the vast variances in the scope of practice. Baker *et al.* (2009:71) reported that a combination of well-targeted management and prevention programmes in the field of mental health in overall community policies might help individuals inflicted by psychiatric to have improved health and promote a country's development. Addressing mental health problems promotes the well-being and quality of life of both inmates with psychiatric problems and of the whole population in prison. It is therefore necessary that nursing posts in prison should be filled by nurses who also have psychiatric nursing.

In 2010 mental, neurological, and substance use disorders accounted for 10% of the global burden of disease, but funds allocated to mental health were only 1% of the national budgets in Africa and South East Asia (Jack *et al.,* 2014:1). This is not unique to Lesotho, as the study findings have reflected that the country has neglected mental health due to the low economy of the country. The government has also focused on diseases that attract donations to the country, and therefore neglect mental health services as a result, contributing to increasing numbers of inmates with psychiatric disorders that are untreated.

According to Blevins and Soderstrom (2015:145), within most societies people with mental illness face marginalisation, stigma and discrimination in the social, economic and health spheres, due to widespread misconceptions related to mental disorders. The above statement is in line with the study findings in Maseru prison, where it was

revealed that many inmates hesitate to take psychiatric treatment due to the cultural beliefs of Basotho concerning mental illness.

5.3.4. Discussion of theme 4: Improving the mental health services

The increasing numbers of psychiatric disorders cases in prison should sensitise prisons globally to improve mental health services, including in Lesotho. Qualified mental health staff need to be hired and in-service training concerning mental health issues needs to be provided for both the security and health personnel in prisons in order to improve mental health services. Receiving education about certain types of mental disorder will improve security personnel's views of mental disorders as well as of people with psychiatric disorders (WHO, 2004:3). It is clear that prison management should conduct training for both security and health personnel on mental health so that the apparent gap in knowledge can be addressed (Kjelsberg *et al*., 2007:24).

5.4. Recommendations

A number of recommendations emanate from this study for policy, practice, education and research.

5.4.1. Policy recommendation

- The Minister of Health should ensure that mental health services are offered in all prisons in Lesotho.

5.4.2. Recommendations for education

- Ensure that all health care personnel obtain frequent teaching on mental health services and that they are allowed adequate time to contribute in these trainings. Trainings should comprise sessions on the clinical manifestation of psychiatric conditions, techniques to care for inmates with psychiatric condition, verbal de-escalation techniques and tools to relate efficiently and

compassionately with prisoners who have such infirmities, suicide prevention and side-effects of medication.

5.4.3. Practice recommendations

- It is recommended that the Ministry of Health addresses shortages of mental health staff working in Maseru Prison.
- There is a need to consult health care personnel employed in prisons on how to improve their working conditions.

5.4.4. Recommendations for further research

A larger study should be undertaken to investigate the service provision and structures of the mental health services in Lesotho prisons as well as the training requirements of staff.

5.5. Dissemination of findings

Copies of this study will be uploaded to the university library and distributed to the Ministry of Health, Ministry of Justice and Maseru Prison in Lesotho.

5.6. Conclusion

Mental illness is a major health problem in prisons globally as well as in Maseru Prison in Lesotho. The study found that health personnel believe that psychiatric services in the prison are inadequate, and inmates do not get the care and treatment that is needed. Psychiatric disorders in the correctional residents need to be managed better and the mental health of all prisoners must be promoted.

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APPENDICES

APPENDIX A: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Dean of the Faculty of Health Sciences

Faculty of Health Sciences

University of Stellenbosch

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Dear Professor Volmink

I am in process of conducting research as a requirement for masters in nursing degree in the Faculty of Medicine and Health Sciences at the University of Stellenbosch. My student number is 19653565. I am planning to conduct a study entitled: An exploration of perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

My study leader is: Professor Pat Mayers

Associate Professor Emeritus, Faculty of Health Sciences, University of Cape Town.

The problem that will be addressed is that little is known about mental health services that are provided to inmates or accessibility of such services for inmates in Lesotho. The significance of this study is that the findings will provide information which may be used to design and implement training programs for prison health personnel thus enhancing mental health care for prisoners.

Aim

The aim of this study is to explore the perceptions of health and regarding the availability and accessibility of mental health services for inmates in Maseru Prison.

To achieve the aim the following objectives will be pursued:

- To describe and explore the perceptions of the health personnel about current mental health facilities in the Maseru Prison.

- To describe and explore the perceptions of health personnel of Maseru Prison about the availability and accessibility of mental care.

This qualitative design will use individual semi-structured interviews to explore the research question. The findings will be written up and the dissertation submitted for examination, where after this will be published. The findings of this study might assist in continuing with research in the field to obtain information which could assist mental health service providers to enhance care for prisoners with a mental disorder The participants will be informed about voluntary participation and the right to withdraw at any time without punishment and should the participants be distressed during interview, provision will be made for referral to a counsellor.

I hereby request permission to conduct this research as approved by the Ethics Committee (Faculty of Health Sciences – Stellenbosch university). Permission will also be requested from relevant parties in Lesotho

Yours faithfully,

Ms Malerotholi Posholi

Researcher

PO Box 94

Mafeteng 900

Lesotho

Email address: malerotholiposh@gmail.com

Cell phone: 0026651865820

APPENDIX B: HEALTH RESEARCH ETHICS COMMITTEE (HREC) APPROVAL NOTICE

UNIVERSITEIT STELLENBOSCH UNIVERSITY

Health Research Ethics Committee (HREC)

Approval Notice

New Application

10/05/2018

Project ID :2015

HREC Reference # S18/02/043

Title: AN EXPLORATION OF THE PERCEPTIONS OF PRISON HEALTH CARE PERSONNEL REGARDING THE ACCESSIBILITY OF MENTAL HEALTH SERVICES FOR INMATES IN MASERU PRISON.

Dear Ms Malerotholi Posholi

The **Response to Modifications** received on 24/04/2018 23:59 was reviewed by members of **Health Research Ethics Committee** via **expedited** review procedures on 10/05/2018 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: **This project has approval for 12 months from the date of this letter.**

Please remember to use your project **ID (2015)**on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: Links Application Form Direct Link and the application should be submitted to the HREC before the year has expired. Please see *Forms and Instructions* on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

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Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: https://www.westerncape.gov.za/general-publication/health-research-approval-process. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: Forms and Instructions on our HREC website https://applyethics.sun.ac.za/ProjectView/Index/2015

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Mr. Franklin Weber

HREC Coordinator

APPENDIX C: LETTER TO DIRECTOR OF MASERU PRISON

Dear sir

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I am in process of conducting research as a requirement for the Master's in Nursing degree in the Faculty of Medicine and Health Sciences at the University of Stellenbosch. My student number is 19653565. I am planning to conduct a study entitled: An exploration of perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

My study leader is: Professor Pat Mayers

Associate Professor Emeritus, Faculty of Health Sciences, University of Cape Town.

The problem that will be addressed is that little is known about mental health services that are provided to prisoners or accessibility of such services for prisoners in Lesotho. The significance of this study is that the results may provide information which may be used to design and implement training programs for prison health personnel, thus enhancing mental health care for prisoners.

Aim

The aim of this study is to explore the perceptions of health personnel regarding the availability and access to mental health care services for inmates in Maseru Prison.

Objectives

To achieve the aim, the following objectives will be pursued:

- To describe and explore the perceptions of the health personnel about current mental health facilities in the Maseru Prison.
- To describe and explore the perceptions of health personnel of Maseru Prison about the availability and accessibility of mental care.

The methods chosen will be conducting individual interviews with health personnel utilising a semi-structured interview schedule. The findings will be written up and submitted for examination. The findings of this study may provide information which could be used to develop the mental health care services in Maseru Prison.

I hereby request permission to conduct this research as approved by the Ethics Committee (Faculty of Health Sciences – Stellenbosch University _____). Permission will also be requested from relevant parties in Lesotho

Yours faithfully,

Ms Malerotholi Posholi

Researcher

Box 94

Mafeteng 900

Lesotho

Email address: malerotholiposh@gmail.com

Cell phone: 0026651865820

APPENDIX D: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH WITHIN CORRECTIONAL FACILITY IN MASERU

Telegrams: Rehabit MASBRU

Telephone: (266) 2007 Z0A0

Fax: (266) 22325008 Office of the Commissioner of Correctional Service

P.O. Box 41

Maseru 100

Lesotho

Email: lcscomm issioner@tlmail.eo.ls

15th May2018

coRrvHQ/A/6

Ms Posholi

Phahameng

P.O. Box 94

Ma-feteng 900

Dear Ms Posholi,

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Please note that your application to conduct a study within Correctional facilities in Maseru is hereby approved on condition that, at the end of your project you will furnish the office of the Commissioner with a copy of the report and most importantly, that you may not publish the findings of the study without prior approval of the Commissioner - Lesotho Correctional Service.

Kindly present yourself to the Central Regional Commander and the District Commander at Maseru Central Correctional Institution for all arrangements. You will be expected to carry along the original correspondence from the office of the

Commissioner, your student identity as well as your national identity or passport.

Your cooperation in this regard will be highly appreciated.

Yours sincerely,

CC: Central Regional Commander

District Commander MCCI

T. IVIOTFIEPU (MK)

COMMISSIONER

APPENDIX E: INFORMATION LETTER

TO: Health personnel in Maseru Prison

Letter of Invitation to Participate in the Research

Master's (Nursing) project titled: An exploration of the perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

Principal Researcher: Ms Malerotholi Thabida Posholi: University of Stellenbosch, Department of Nursing and Midwifery

Dear Colleague

I am in process of conducting research as a requirement for the Master's in nursing degree in the Faculty of Medicine and Health Sciences at the University of Stellenbosch. My student number is 19653565. I am planning to conduct a study entitled: An exploration of perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

My study leader is: Professor Pat Mayers

Associate Professor Emeritus

Faculty of Health Sciences, University of Cape Town

The problem that will be addressed is that little is known about mental health services that are provided to prisoners or barriers to accessing such services among prisoners in Lesotho. The significance of this study is that the findings may provide information which may be used to design and implement training programmes for prison health personnel, thus enhancing mental health care for prisoners. You have been selected because you are health care worker and the researcher is of the opinion that your knowledge and perceptions are valuable.

I therefore would like to request your participation in this research. Participation is voluntary and confidential. Your name and personal information will not be included in any documentation. You will be interviewed at a time and place to suit you. The

interview will be recorded. Should you feel concerned you may withdraw your consent and withdraw your participation at any stage of the study. There will be no cost payable by any participants and it should be noted that no remuneration will be received.

The findings of this study will be written up for the purpose of the degree. The findings will be written up and published. If you require further information, or wish to withdraw your participation at any stage, you can contact the director of the prison or principal researcher. On request you will be given a copy of the study after submission for the examination.

Thanking you in advance for your consideration to take part in this research.

Yours sincerely

Ms Malerotholi Posholi

Researcher

Box 94, Mafeteng 900

Email address: malerotholiposh@gmail.com

Cell phone: 0026651865820

APPENDIX F: CONSENT FORM

TO: Health personnel in Maseru Prison

Master's (Nursing) project titled: An exploration of the perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison

I (title and full names) _____

I have been fully informed about the research study and my participation in the study. I agree that the interview may be voice recorded and I understand that these recordings will be kept safe and my name will not be labelled on the recording. I freely agree to participate in this project, and acknowledge that should I wish to withdraw my participation, due to unforeseen circumstances or personal choice, I would be required to sign a revocation of Consent Form which will be given to me by the researcher. I understand that this will not disadvantage me in any way. I understand that my identity and personal details will remain confidential. I further acknowledge that I am aware that the results from this study will be made available to the Faculty of Medicine and Health Sciences at Stellenbosch University. The findings will also be presented at appropriate congresses and forums and for publication purposes. I understand that I will be given a copy of the Consent Form to keep. I am aware that I can contact the researcher and/or study leader of the study at any time should I have a concern.

Signature _____ Date _____

Please hand deliver this form to:

Ms Malerotholi Posholi
Box 94,
Mafeteng 900
Email address: malerotholiposh@gmail.com
Cell phone: 0026651865820

APPENDIX G: REVOCATION OF CONSENT FORM

REVOCATION OF CONSENT FOR PARTICIPATION IN STUDY ENTITLED PERCEPTIONS OF PRISON HEALTH CARE PERSONNEL REGARDING THE ACCESSIBILITY OF MENTAL HEALTH SERVICES FOR INMATES IN MASERU PRISON.

TO: Ms M. Posholi

Revocation of Consent Form

(For use only for participants who initially signed consent to take part in the project but now wish to withdraw from the project)

Regarding the Master's (Nursing) research study titled an exploration of perceptions of prison health care personnel regarding the accessibility to accessing mental health services for inmates in Maseru Prison.

I (title and full names)_____, hereby wish to WITHDRAW my consent to participate in the above research project.

I understand that such withdrawal WILL NOT jeopardise my relationship with the researcher nor with the Department of Nursing and Midwifery and Faculty of Medicine, University of Stellenbosch.

Signature _____ Date _____

Please deliver this form to the director of prison or the principal researcher

Ms Malerotholi Posholi
Box 94
Mafeteng 900
Email address: malerotholiposh@gmail.com
Cell phone: 0026651865820

APPENDIX H: SEMI-STRUCTURED INTERVIEW SCHEDULE

Preamble:

Thank you for being willing to participate in this study.

The title of this study is an exploration of the perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison. The aim of this study is to explore the perceptions of health personnel regarding the availability and access to mental health care services for inmates in Maseru Prison. All information provided by you will be treated confidentially. It will take approximately 1 hour to complete this interview. Please relax and answer the questions in the way you feel comfortable to do so. I will ask you questions relating to the study and if necessary I will ask for clarification.

As explained to you, the interview will be recorded. Are you comfortable for me to switch on the recorder?

RESEARCH INSTRUMENT: Semi structured interview

Section A. Demographic data

Date: _____

Interviewee Study ID: _____

Participant name	
Sex ….....M…….F	Age
Occupational position	
Professional registration	
Length of time working at the prison	

Location of interview: _____

Aim: To describe the perceptions of the health personnel about current mental health facilities in the Maseru prison

Section B.

Q 1: Please tell me about your role in this prison.

Q 2: Can you recall whether you have ever encountered inmates with mental illness in Maseru Prison?

If yes, please can you explain how you responded to this person?

Please comment on your own sense of confidence and competence in dealing with prisoners with a mental disorder.

Q.3: If an inmate shows signs of being mentally ill, can you explain what is the procedure that is followed?

Q 4: If a inmate wishes to report another prisoner whom he suspects is mentally ill can you explain the procedure that is followed?

Q 5: Please explain what treatment options are available for an inmate with a mental illness.

Q 6: Please tell me about the facilities available for the treatment and management of inmate with a mental disorder in the prison.

[prompts: - visit of a psychologist, psychiatrist, medications etc]

Q 7: State your views concerning effectiveness of mental health services in Maseru prison.

Q 8: What, in your opinion, is necessary to enhance mental health services for inmates in Maseru Prison?

Q 9: What are your views concerning the preventive health services in mental illness offered by health personnel?

Q 10: In your opinion do you think health personnel in Maseru Prison have enough knowledge to recognise signs and symptoms of mental illness among the inmates?

If no, what do you think should be instituted to support the health personnel who have to deal with inmates with mental illness?

Q 11: In your opinion which are the main barriers for inmates to receive mental health care in Maseru Prison?

Q 12: Is any special training offered for health care personnel with regard to the recognition and management of mental illness?

If yes – please explain.

If no, could you elaborate on what training you believe is required.

Q 13: Is there anything else you would like to share about your experience of working with inmates who have a mental disorder?

Q 14: Can you think of a situation in which a inmate with a mental illness required urgent [emergency] management? Please explain how the health personnel responded to this situation

Probing questions:

For example:

- Seeking for clarity or asking for meaning: What does that mean; what did that mean to you?
- Ask for proof or evidence – e.g. what makes you say that?
- Enquiring for more information or asking for more details: Can you tell me more about ……
- Reflecting back to check for understanding:
    - Did I get you correctly when you said?....
    - Am I interpreting you correctly when I say? ……

APPENDIX I: LETTER TO INDEPENDENT COCODER

Dear madam

APPLICATION FOR SUPPORT TO CONDUCT RESEARCH

I am in process of conducting research as a requirement for the Master's in Nursing degree in the Faculty of Medicine and Health Sciences at the University of Stellenbosch. My student number is 19653565. I am planning to conduct a study entitled: An exploration of perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

My study leader is: Professor Pat Mayers

Associate Professor Emeritus, Faculty of Health Sciences, University of Cape Town.

The problem that will be addressed is that little is known about mental health services that are provided to prisoners or accessibility of such services for prisoners in Lesotho. The significance of this study is that the results may provide information which may be used to design and implement training programs for prison health personnel, thus enhancing mental health care for prisoners.

Aim

The aim of this study is to explore the perceptions of health personnel regarding the availability and access to mental health care services for inmates in Maseru Prison.

Objectives

To achieve the aim, the following objectives will be pursued:

- To describe and explore the perceptions of the health personnel about current mental health facilities in the Maseru Prison.
- To describe and explore the perceptions of health personnel of Maseru Prison about the availability and accessibility of mental care.

The methods chosen will be conducting individual interviews with health personnel utilising a semi-structured interview schedule. The findings will be written up and submitted for examination. The findings of this study may provide information which could be used to develop the mental health care services in Maseru Prison.

I hereby request support to conduct this research as approved by the Ethics Committee (Faculty of Health Sciences – Stellenbosch University _____). Permission will also be requested from relevant parties in Lesotho

Yours faithfully,

Ms Malerotholi Posholi

Researcher

Box 94

Mafeteng 900

Lesotho

Email address: malerotholiposh@gmail.com

Cell phone: 0026651865820

22/04/18

APPENDIX I: APPROVAL OF SUPPORT BY THE INTERDEPENDENT DE CO CODER APPROVAL NOTICE

Title: AN EXPLORATION OF **PERCEPTIONS OF PRISON HEALTH CARE PERSONNEL REGARDING THE ACCESSIBILITY OF MENTAL HEALTH SERVICES FOR INMATES IN MASERU PRISON.**

Dear Ms Malerotholi Posholi

In response to application for support to conduct the study, your request has been approved to conduct the study entitled perception of Prison health care personnel regarding the accessibility of mental health services for inmates in Maseru Prison.

Yours faithfully

Khashole

APPENDIX K: INTERVIEW: PARTICIPANT 00

Interviewer

Please tell me about your role in this prison.

Interviewee

I'm a Security officer and registered nurse. My work is to provide nursing services to the inmates

Interviewer

Can you recall whether you have ever encountered inmates with mental illness in Maseru Prison?

Interviewee

Yes I have met inmates with mental illness. I remember recently I met the one who was very aggressive insulting and fighting everyone.

Interviewer

Please can you explain how you responded to this person?

Interviewee

The only thing we do is that, we tie the inmate and refer him to Mohlomi, but I realised that we release them when the problem is severe. We fail to identify the problem when is still minor.

Interviewer

Please comment on your own sense of confidence and competence in dealing with inmates with a mental disorder.

Interviewee

I don't have confidence in dealing with mentally ill patients as we are not trained on mental illness during our training as general nurses.

Interviewer

Can you tell me more about psychiatric nursing during your training as general nurses?

Interviewee

During our training as nurses we only did introduction to psychiatric nursing, therefore we lack skills of managing mentally ill prisoners.

Interviewer

If an inmate shows signs of being mentally ill, can you explain what is the procedure that is followed?

Interviewee

After the information is received by nurses that there is a psychotic inmate, such an inmate is referred to Mohlomi Hospital.

Interviewer

Does it mean that you only assist or refer the psychotic prisoners? What about other mental illness conditions?

Interviewee

Due to lack of skills we can only identify inmates with psychotic behaviour. In short, madam, we don't have knowledge regarding mental illness.

Interviewer

If an inmate wishes to report another inmate whom he suspects is mentally ill can you explain the procedure that is followed?

Interviewee

Such inmates report to security officer and that security officer will report to nurses or tell the inmate to report to the nurses and action will be taken by nurses.

Interviewer

Please explain what treatment options are available for a inmate with a mental illness.

Interviewee

Mentally ill inmates are seen by social workers for counselling; apart from counselling services provided by social workers there is no treatment offered in Maseru Prison

Interviewer

Please tell me about the facilities available for the treatment and management of inmate with a mental disorder in the prison.

[prompts: - visit of a psychologist, psychiatrist, medications etc]

Interviewee

We don't have any treatment facilities, except that inmates are referred to Mohlomi Hospital. There is no psychologist, psychiatrist and medication for psychiatric care in Maseru Prison.

Interviewer

State your views concerning effectiveness of mental health services in Maseru Prison.

Interviewee

Mental health services are not effective as there is no mental health services offered in the prison but all inmates with mental health problems are referred. We depend on Mohlomi Hospital for mental health services.

Interviewer

Mh…..mh.

Interviewee

That's true madam, there is nothing like mental health services in Maseru Prison, in fact in all prisons in Lesotho.

Interviewer

What in your opinion is necessary to enhance mental health services for inmates in Maseru Prison?

Interviewee

The mental health programmes should be introduced and qualified personnel should be hired such as psychologist and psychiatric nurse.

Interviewer

What are your views concerning the preventive health services in mental illness offered by health personnel?

Interviewee

No prevention programmes are implemented except when a certain inmate has got some social problems. It is then that that inmate will be more targeted with counselling

services. Every inmate is allocated a social worker on admission to prison for counselling, but they are over worked because social workers are few but inmates are many, meaning they are overloaded and hence fail to provide their work properly.

Interviewer

Does it mean you don't have any games or activities that are done at least to relieve them from boredom of prison that may expose them to have stress?

Interviewee

There are some few activities that are occasionally done like playing *morabaraba* with them or doing carpentry with them, but they are done once in a while which I believe is not effective as they are not done on a regular basis.

Interviewer

In your opinion do you think health personnel in Maseru Prison have enough knowledge to recognise signs and symptoms of mental illness among the inmates?

Interviewee

No we do not have enough knowledge in diagnosing mental illness as we are only able to identify inmates with psychotic behaviour to be mentally ill.

Interviewer

What do you think should be instituted to support the health personnel who have to deal with prisoners with mental illness?

Interviewee

There should be psychiatric personnel hired so that he or she can train the other personnel on mental illness. The psychologist and psychiatric nurses should be hired.**Interviewer**

In your opinions which are the main barriers for inmates to receive mental health care in Maseru Prison?

Interviewee

Prisons focus on HIV and AIDS and neglect mental health.

Interviewer

So how is this barrier to mental health services?

Interviewee

Prison management focus a lot on HIV and AIDS and therefore fail to address mental health services because there is too much focus on one thing.

Interviewer

Is any special training offered for health personnel with regard to the recognition and management of mental illness?

Interviewee

We were never trained on any mental health conditions since I started working here.

Interviewer

Could you elaborate on what training you believe is required?

Interviewee

Training on how to diagnose and manage mentally ill inmates for health care personnel so that they can train the security personnel.

Interviewer

Is there anything else you would like to share about your experience of working with prisoners who have a mental disorder?

Interviewee

I realised that mentally ill inmates when they have relapsed they will start walking close to prison; after they were released from prison, in few weeks they are arrested for their misconduct again.

Interviewer

Can you think of a situation in which a prisoner with a mental illness required urgent [emergency] management? Please explain how the health personnel responded to this situation.

Interviewee

The situation in itself was frightening as the psychotic inmate will be causing the environment to be unstable. We tied the inmate and referred him to Mohlomi Hospital.

APPENDIX L EDITOR'S LETTER

Leverne Gething, M.Phil. cum laude
PO Box 1155, Milnerton 7435; tel. 021 552 1515; cell 072 212 5417
e-mail: leverne@eject.co.za

20 November 2018

Declaration of Editing of thesis for Master's in Nursing Science:

AN EXPLORATION OF THE PERCEPTIONS OF PRISON HEALTH CARE PERSONNEL REGARDING THE ACCESSIBILITY OF MENTAL HEALTH SERVICES FOR INMATES IN MASERU PRISON

I hereby declare that I carried out language editing of the above thesis on behalf of Malerotholi Posholi.

I am a professional writer and editor with many years of experience (e.g. 5 years on *SA Medical Journal*, 10 years heading the corporate communication division at the SA Medical Research Council), who specialises in Science and Technology editing - but am adept at editing in many different subject areas. I have previously edited much work for various faculties at universities including US, UCT, UWC and UKZN. I am a full member of the South African Freelancers' Association as well as of the Professional Editors' Guild.

Yours sincerely

LEVERNE GETHING leverne@eject.co.za